

REVOLUTIONS RIDER REGISTRATION

The information shared herein is used exclusively by Revolutions Cycling Studio for client service purposes and will not be shared with any outside individuals, companies or third parties.

PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____

Home Address: _____ Apt/Suite #: _____

City: _____ State: _____ Zip: _____

Email Address: _____ DOB (mm/dd/yyyy): _____

Phone #: (____) _____ Signature: _____

May we text you at this number
regarding schedule changes? Yes No

TODAY'S DATE (mm/dd/yyyy): _____

Your personal fitness and indoor cycling goals (please check all that apply):

- Weight Loss Improve Cardiovascular Fitness Build Strength & Endurance
 Fun & Energizing Workout Cross Training Not sure

Have you taken an indoor cycling class before: YES NO

If "YES," how long has it been since your last ride:

- less than 30 days within the last 90 days 3-6 months within the last year over a year

How did you first hear about Revolutions Cycling Studio:

- Google Facebook Driving By Local paper (name) _____
 Referred by Friend/Family Member _____
(please print name)

EMERGENCY CONTACT:

Name: _____ Phone: (____) _____

Relationship: _____ Email: _____

**Before engaging in any fitness training activity, it is recommended you consult with a physician.
If you have any injuries or health concerns you believe may impact your ability to participate,
please notify the instructor PRIOR to riding.**

AGREEMENT & RELEASE OF LIABILITY

This Agreement & Release of Liability (the "Release") is made this _____ day of _____,

20____, by _____ (the "Rider"). By initialed
(PRINT NAME)

acknowledgement and signature below, Rider agrees to the following conditions:

1. In consideration for being allowed to participate in the activities and programs of **Revolutions Cycling Studio LLC** (the "Studio") and to use Studio's services, facilities, equipment and machinery, in addition to the payment of any fee or charge, Rider does hereby knowingly and voluntarily waive, release and forever discharge Studio and its directors, officers, agents, employees, successors and assigns, administrators, and executors from any and all claims, demands, actions, liabilities, and damages arising out of or relating in any way to my participation in any activities or programs of Studio or my use of any of its services, facilities, equipment and machinery. This release specifically includes, but is not limited to: any loss or damage to personal property; any theft of property or moneys by a third party not affiliated with Studio; and, any illness, injury or physical harm to myself that occurs for any reason whatsoever, including any negligent or careless act or omission by a trainer, employee or agent of Studio.

_____ (Rider Initials)

2. Rider understands and is aware that strength, flexibility, and aerobic & anaerobic exercises, including the use of Studio equipment, are potentially hazardous activities. Rider further understands that fitness activities involve the risk of injury and even death, and that Rider is voluntarily participating in these activities and using equipment and machinery of Studio with knowledge of the dangers involved. Rider hereby agrees to expressly assume and accept any and all risks of illness, injury, physical harm or death.

_____ (Rider Initials)

3. Rider acknowledges and represents that Rider is physically sound and not suffering from any illness, impairment, disease, infirmity or other condition that would prevent Rider from participating in any programs or using any equipment or machinery of Studio. Rider also acknowledges that Studio recommends the need to consult with a physician prior to participation in any exercise/fitness activity or in the use of exercise equipment and machinery. Rider also understands a yearly or more frequent physical examination and consultation with a physician regarding appropriate standards for Rider's physical activity, exercise and use of exercise and training equipment. Rider acknowledges that Rider has either had a physical examination and received a physician's permission to participate, or that Rider chooses to participate in Studio's programs or activities and use of equipment and machinery without a physician's approval.

_____ (Rider Initials)

4. **REFUND & CANCELLATION POLICY.** It is Studio policy that ALL SALES ARE FINAL and no refunds provided. Further, per the cancellation terms stated on Studio's web site (www.RevolutionsSpin.com), Rider acknowledges that Late Cancellations and No-Shows will be charged full purchase price.

_____ (Rider Initials)

Rider Signature: _____

If Rider is a minor, Parent and/or Legal Guardian assumes all responsibility: _____

(PARENT/LEGAL GUARDIAN SIGNATURE)