



Waiver and Release

Name _____

E-Mail _____

Address _____

City _____ State _____ Zip _____

Phone _____

I, _____, volunteer to participate in **SimplyCycle** Spinning® classes/program and attest that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in such classes/programs. I further acknowledge there are hazards which may exist in any exercise program and I accept all risks involved in the classes/program.

I, for myself, my heirs and assigns, hereby waive and release **SimplyCycle** and its sub-contractors, agents, and owners, from any and all claims, demands, and causes of action, now or in the future, arising from my participation in the Spinning classes/program. I acknowledge and agree that **SimplyCycle** is exempt from liability for any injury or disability that I may incur during or as a result of my participation in the Spinning classes/program.

Signature _____ Date _____