



REGISTRATION FORM

First Name:
Last Name:
D.O.B: / / Age: Male / Female
Tel:
Email:
Home Address:
..... Postcode:

Receive our weekly email newsletter with important class information?

Yes Please!

In case of an emergency, contact:

.....

Relationship:

Tel:

Physical Activity Readiness Questionnaire (PAR-Q)

Do you have a heart condition and you should only perform doctor-recommended physical activity? Yes / No

Do you feel pain in your chest when you perform physical activity? Yes / No

Do you lose your balance from dizziness or ever lose consciousness? Yes / No

Are you currently taking any medication? If so, please list _____ Yes / No

Are you pregnant or have you had a baby in the last 3 months Yes / No

Do you know of any other reason why you shouldn't engage in physical activity at The CyClub?

If so, please state why _____ Yes / No

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

Participants Declaration

Before signing this document, I have read and understood The CyClub's terms & conditions (as stipulated on our website and available at our reception) and know that it affects my legal rights.

(PROVISION FOR MINOR CHILDREN): I am the parent or legal guardian of, a minor child (the "Minor"). I agree that the foregoing representations and waivers shall apply jointly and severally, to the extent permitted by law, to both the undersigned and the Minor.

Signature:

Date: / / 2020

45 The Market Place, Falloden Way, London, NW11 6JT

the-cyclub.com





THE CYCLUB PARENTAL/LEGAL GUARDIAN CONSENT

Medical Recommendations. The parent and/or legal guardian of the child ("Participant") in any Spin Club LLP ("CyClub") indoor spin cycling or other class, activity or event should consult with the Participant's medical practitioner or arrange for the Participant to undergo a physical examination before using any of CyClub's facilities or enrolling in any of CyClub's classes, especially if the Participant has a history of heart disease, high blood pressure or other chronic illness, or is unaccustomed to physical exertion or has other physical limitations.

Activity Risk. Any strenuous athletic or physical activity involves certain risks. The parent and/or legal guardian of the Participant and his or her guests assume the risk of any and all accidents or injuries of any kind that may be sustained by, or in connection with, use of CyClub facilities. CyClub cannot guarantee that any facility or equipment is free of risk. The Participant agrees to use care in the use of CyClub facilities, equipment and services and to protect against accidents by other participants.

Medical Disclaimer. The parent and/or legal guardian of the Participant has been informed and acknowledges that CyClub makes no claims as to medical results that can or may be obtained through use of CyClub's facilities, equipment or services. CyClub has neither suggested nor will suggest any medical treatment to the Participant. Only licensed medical professionals are qualified to give medical advice. The Participant is instructed not to act on the advice given by any unlicensed employee unless such advice has been verified by the Participant's medical practitioner.

Health Warranty. The parent and/or legal guardian of the Participant represents that: (i) there are no medical or physical conditions that would preclude the Participant's use of CyClub's facilities; (ii) the Participant has not been instructed by any medical practitioner not to use CyClub; and (iii) the Participant is in good health and has no disability, impairment, injury, disease or ailment preventing him or her from engaging in active or passive exercise or which could cause increased risk of injury or adverse health consequences as a result of exercise.

Release and Indemnity. By signing this agreement and/or by attending classes or otherwise participating in CyClub activities, the parent and/or legal guardian of the Participant hereby acknowledges and agrees that there are inherent risks in indoor spin cycling and exercise, and in using the equipment associated with CyClub's classes or instruction. The parent and/or legal guardian of the Participant consents to the taking and use of photographs and/or video recording of the Participant for the purpose of marketing and promoting indoor spin cycling programmes from time to time. The parent and/or legal guardian of the Participant assumes full responsibility for the Participant's use of CyClub's facilities and shall indemnify CyClub and its members, affiliates, agents, workers, consultants and employees, against any and all liability arising out of the use of the facilities. Additionally, the parent and/or legal guardian of the Participant and his or her guests shall hold CyClub harmless from any loss, theft, cost, claim, injury, damage or liability incurred as a result of CyClub use and activities.

1. **The parent and/or legal guardian of the Participant understands that by signing below, he or she agrees to indemnify CyClub and its members, affiliates, agents, consultants, workers and employees, against any and all liability to him or herself and the Participant arising out of any use of the facility. _____ (Initial here)**
2. **[The parent and/or legal guardian affirms that the Participant is at least 13 years of age, 4' 10" tall and weighs at least 45kg as required to participate in any CyClub class, activity and/or event. _____ (Initial here)]**
3. **The parent and/or legal guardian agrees to renew this consent as may be required by CyClub from time to time.**

Name of Child _____ Date of Birth: _____

Parent/Legal Guardian Name _____

Email _____ Postal Address _____

Emergency Contact Name & Phone Number _____

Signature _____ Date _____

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