

Parent/Guardian Release

(Required if Rider under 18)

- Anna State - Ann	(required if relact under 10)
Rider Name:	Date of Birth:
Parent/Guardian Name:	Relationship:
Phone:	Email:
Address:	City, State, Zip:
W	aiver and Release
agrees to the following conditions. I repress permission from the parent/legal guardian of acknowledge that there are certain risks and understand that indoor cycling at Clementino outside or riding an indoor stationary bicycles Clementine's classes, equipment, and facility to the following: 1) I and Rider will assume sustains or aggravates in connection with the hereby waive, release, indemnify, and foreward representatives, instructors, affiliates, and al action, costs, expenses, or rights from injury Rider's participation in and use of Clementin that Rider has no medical or physical condition Clementine's classes or using its equipmed danger, nor has Rider been advised by a medical condition of the participate in such exercises.	dider identified above ("Rider"), acknowledges, appreciates, and ent that I am the parent or legal guardian of Rider, or I have obtained if Rider to execute this agreement on their behalf. I hereby dangers inherent to indoor cycling and exercise equipment/facilities. It is a more vigorous and strenuous workout than riding a bicycle to on my own. In consideration of Rider being allowed access to dies, in addition to the payment of any fees or charges, I hereby agree full responsibility and risk for any and all injuries or damages Rider er use of Clementine's classes, equipment, or facilities; 2) I and Rider er discharge Clementine, its officers, directors, members, employees, I others from any and all liability, responsibility, claims, causes of a or damages to Rider, myself or any personal property resulting from the classes, equipment, and facilities; and 3) I represent and certify the tion, nor any disabilities which would prevent them from participating that and facilities, doing so would not put Rider in physical or medical dical professional not to participate in such exercise and/or activities. I Rider that should Rider have such a physical or medical condition and/or activities. Should a Clementine representative determine to by using its classes, equipment, and facilities, I agree that they may
	Rider Conduct
usual/customary terms and codes of conduct rules/instructions, or observe any conduct by should I and/or Rider observe any hazards to equipment, I and/or Rider will immediately Clementine representative. Should I and/or for any and all damages to person or proper with the use of Clementine's classes, equipmergarding such, I and/or Rider will immediately I have read this form in its entirety, indemnity agreement, I fully understand its rights, including my and Rider's right to sue and intend by my signature to be a complete	to Should I and/or Rider observe any violations or such y an instructor or participant which violates such rules/instructions, or operson or property, or any deliberate acts of damage to persons or bring the violation, conduct, or condition to the attention of a Rider fail to follow such rules/instructions I take full responsibility ty resulting therefrom. I agree that both Rider and myself are familiar nent, and facilities, and that should I and/or Rider have any questions itely speak with a Clementine representative before further proceeding including provisions for waiver of liability, assumption of risk, and terms and conditions and understand that I am giving up substantial and unconditional release of all liability to the greatest extent explain all pertinent terms, conditions, and rules to Rider and will not a understands such terms and conditions.
Parent/Guardian Signature:	Date: