



RHYTHM RIDE

SPIN STUDIO

RELEASE OF LIABILITY

In consideration of participating in Rhythm Ride Inc. classes, activities, workshops, and programs, and to use its facilities and equipment in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Rhythm Ride Inc. and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of or the use of any equipment at Rhythm Ride Inc.

Indoor cycling is a physical exercise. By choosing to participate in these activities I voluntarily, knowingly and expressly assume the risk of injury, illness, and death. Rhythm Ride Inc. recommends that you consult your physician before engaging in any exercise program and that you inform your instructor of any health condition(s) that may be affected by indoor cycling. I acknowledge this, and represent and warrant that I am in good health, and have no medical condition that would prevent my full participation in indoor cycling. In the event I am pregnant, I will not participate in indoor cycling at Rhythm Ride Inc. until I have discussed the potential risks to me and/or my unborn child/fetus with my obstetrician. I agree that I will follow the recommendations of my obstetrician and on behalf of myself, my heirs, spouse, partner, or any other interested party hold harmless Rhythm Ride Inc. for any possible harm or injury to me and/or my unborn child/fetus.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of Rhythm Ride Inc. or use of equipment except as hereinafter stated. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate, or that I have decided to participate in activity and/or use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment in my activities.

PHOTOGRAPHY/VIDEO RELEASE

Participants involved in any activities offered by Rhythm Ride Inc. may be photographed or video recorded during class or training for the purposes of using it on their website, social media, website, and/pr newsletters. The undersigned hereby consents to the use of these photographs and/or videos, without compensation, on the Rhythm Ride Inc. website or in any editorial, promotional, or advertising material produced by Rhythm Ride Inc. If you do not wish to have your photo used for any of the above purposes, please let the staff know.

First Name: _____ Last Name: _____

Email: _____ Phone: _____

By signing this contract, you agree to the terms and conditions outlined in this agreement.

Signature: _____ Date: _____