

Spynergy

WAIVER AND RELEASE

Name _____

E-Mail _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Eve. Phone _____

Birth Date _____ (if under 18 parent/guardian must sign)

I, _____, volunteer to participate in SPYNERGY, INC. 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/program. 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 SPYNERGY, INC., its employees and owners, from any 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 SPYNERGY, INC., 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