

SOULCYCLE MINOR NEW RIDER WAIVER FORM

Name:		Date of Birth (<18)
Address:		City/State:
Zip:	Primary Phone Number:	How did you hear about SoulCycle?
*Email/Log	in:	
*YOUR SOL	JLCYCLE ACCOUNT Password:	*needed to access your account online
EMERGENCY CONTACT:		PHONE NUMBER:
	ASSUMPTION OF RISK,	WAIVER, AND RELEASE (MINOR-UNDER 18)
and/or collective	, , , , , , , , , , , , , , , , , , , ,	d to attend classes, activities and other programs and using the premises, facilities and equipment (individually id its subsidiaries (collectively "SoulCycle"), I, for myself, and on behalf of the Rider identified above, the Rider's gree as follows:
document provi there are certain cannot be elimin sprains; (2) maj and acknowledg	ded by SoulCycle. At all times, the Rider shall comply with all so in inherent risks and dangers in indoor cycling and exercise and nated regardless of the care taken to avoid injuries. The specifi for injuries such as eye injury or loss of sight, joint or back inju	erstand the SoulCycle Bike Safety Instructions on the SoulCycle website (www.soul-cycle.com) and/or the stated and customary terms, posted safety signs, rules, and verbal instructions. I am aware and acknowledge that I in using indoor cycling and exercise equipment in association with the Classes and Facilities. Some of these risks c risks vary from one activity to another, but they range from (1) minor injuries such as scratches, bruises, and uries, heart attacks, and concussions; and (3) catastrophic injuries including paralysis and death. I am also aware during Classes. Thus, I understand that unless I also participate in the Class, the Rider will not be supervised by an
connection with Rider and super stated and custo	"horseplay," improper use of equipment, and access to and urvise Rider at all times. I hereby take full responsibility for any	sociated with leaving an unsupervised minor rider at the Facilities. Injuries and harm to the Rider may arise in se of the locker and restrooms. At times when Rider is not in Class but is using the Facilities, I shall accompany and all property damage to the Facilities and any of its contents arising from the refusal of the Rider to follow all s, including any deliberate acts of damage and/or destruction by the Rider. If I, or the Rider, observe any hazard or e nearest SoulCycle employee.
Classes and Fac SoulCycle's con directors, memb	ctive opinion of the SoulCycle staff, the Rider would be at physical risk participating in SoulCycle's Classes, I understand and agree that the Rider may be denied access to the acilities until I furnish SoulCycle with an opinion letter from the Rider's medical doctor, at my sole cost and expense, specifically addressing SoulCycle's concerns, and stating that oncerns are unfounded. I hereby release, indemnify and hold harmless SoulCycle, its direct and indirect parent, subsidiary affiliate entities, and each of their respective officers, mbers, employees, representatives and agents, and each of their respective successors and assigns and all others from any and all claims, actions, suits, procedures, costs, mages and liabilities to the fullest extent allowed by law arising out of or in any way related to participation in the Classes or use of the Facilities.	
	, ,	nder 18), fully understand its terms, and understand that I am giving up substantial rights including my and the ing this waiver freely and voluntarily. The term of this waiver is indefinite.
damage to the p		e urged to avoid bringing valuables onto the Facilities. SoulCycle shall not be liable for the loss of, theft of, or lockers, bathrooms, studios, or anywhere else in the Facilities. I acknowledge that no portion of any fees paid by
	preserve the SoulCycle sanctuary, Rider agrees to abide by So ves the right to deny access to any person SoulCycle deems to	ulCycle's etiquette guidelines found on SoulCycle studio walls and on SoulCycle's website (www.soul-cycle.com). o be acting in an inappropriate or unsafe manner.
Parent/Guardian Signature:		Date:
Parent/Guar	rdian Printed Name:	Phone:
Address (if	different):	City/State/Zip: