



Name:		Date of Birth (<18)
Address:		City/State:
Zip:	Primary Phone Number:	How did you hear about SoulCycle?
*Email/Logi	n:	
*YOUR SOU	LCYCLE ACCOUNT Password:	*needed to access your account online
EMERGENCY	Y CONTACT:	PHONE NUMBER:
	ASSUMPTION	I OF RISK, WAIVER, AND RELEASE
and Facilities") assigns, that the risks cannot be injuries such as injuries including a hard copy of we given to me by access to the Concerns and seasume full researmless Sould and each of the the fullest external condition that we or medical danger.	of SoulCycle Holdings, LLC and its subsidiaries (collecter are certain inherent risks and dangers in indoor cyclic eliminated regardless of the care taken to avoid injuries scratches, bruises, and sprains; (2) major injuries such and paralysis and death. I have read and thoroughly under which was also provided to me by SoulCycle staff. At all the staff. If in the subjective opinion of the SoulCycle staff, I Classes and Facilities until I furnish SoulCycle with an estating that SoulCycle's concerns are unfounded. In consponsibility for any and all injuries or damage which are cycle, its direct and indirect parent, subsidiary affiliate exir respective successors and assigns and all others, from allowed by law arising out of or in any way related to avoid prevent me from properly using any of SoulCycle	r programs and using the premises, facilities and equipment (individually and/or collectively, the "Classes tively, "SoulCycle"), I hereby acknowledge on behalf of myself, my heirs, personal representatives and/or ing and exercise equipment in association with the Classes and Facilities. I acknowledge that some of these es. I also acknowledge that the specific risks vary from one activity to another, but range from (1) minor has eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and (3) catastrophic stand the SoulCycle Bike Safety Instructions that are posted on SoulCycle's website (www.soul-cycle.com), imes, I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions would be at physical risk participating in SoulCycle's Classes, I understand and agree that I may be denied opinion letter from my medical doctor, at my sole cost and expense, specifically addressing SoulCycle's insideration of being allowed to participate in and access the Classes and Facilities, I hereby (1) agree to be sustained or aggravated by me in relation to the Classes and Facilities, (2) release, indemnify, and hold sentities, and each of their respective officers, directors, members, employees, representatives and agents, m any and all responsibility, claims, actions, suits, procedures, costs, expenses, damages, and liabilities to participation in the Classes or use of the Facilities, and (3) represent that I (a) have no medical or physical not participate in physical exercise. I acknowledge that if I have any chronic disabilities or conditions, I am articipating in any Classes.
I have read this Assumption of Risk, Waiver, and Release Agreement, fully understand its terms, and understand that I am giving up substantial rights including my right to s SoulCycle under certain circumstances. I acknowledge that I am signing this waiver freely and voluntarily. The term of this waiver is indefinite.		
VALUABLES AND PERSONAL PROPERTY: I acknowledge that I have been urged to avoid bringing valuables onto the Facilities and that SoulCycle shall not be liable for the loof, theft of, or damage to my personal property, including items left in lockers, bathrooms, studios, or anywhere else in the Facilities. I acknowledge that no portion of any fepaid by me is in consideration for the safeguarding of valuables.		
		ioulCycle's etiquette guidelines found on SoulCycle studio walls and on SoulCycle's website any person SoulCycle deems to be acting in an inappropriate or unsafe manner.
New Rider S	ignature:	Date: