



SKYE CYCLE  
83 MAPLE AVE.  
HALIBURTON ONTARIO K0M 1S0

## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY & ACCEPTANCE OF RISK

As a participant in SKYE CYCLE fitness activities (classes, workshops), I recognize and acknowledge that there are certain risks of physical injury including, but not limited to death which may arise from accidental contact, falling or other causes. I have no physical condition which would present a risk of injury to me through my participation in SKYE CYCLE fitness activities (classes, workshops).

Notwithstanding any instruction or consultation by a representative of the SKYE CYCLE, I agree to assume responsibility for any such injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the SKYE CYCLE except if caused by the sole negligence of the SKYE CYCLE. I hereby release, waive and discharge the SKYE CYCLE, its trainers, officers, agents or employees from any and all liability, claim, damages and losses arising out of any loss, damage or injury that may be sustained by me or to any property belonging to me while participating in SKYE CYCLE fitness activities (classes, workshops).

It is my express intent that this Agreement of Release and Waiver of Liability & Acceptance of Risk Agreement shall bind the members of my family, my heirs and assigns. This agreement shall be construed in accordance with the laws of the Province of Ontario.

I further agree that participation in any fitness activity (classes, workshops) will be at my own discretion and judgment. I further understand that should the SKYE CYCLE discover that I have not satisfied any one of these requirements, it may, but is not required to, terminate my participation and/or contract.

I am 18 years of age or older. I have read and fully understand the above Agreement of Release and Waiver of Liability & Acceptance of Risk.

Participant Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  Yes! Email me updates from SKYE CYCLE.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If participant is under age 18:*

**As legal guardian of** \_\_\_\_\_ **, I consent to the above terms and conditions.**

**Signature of Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_