

First Name(s):  Surname:

Address:

City / County:  Postcode:

Home Tel:  Mobile:

Email Address:

Date of Birth:  Gender: Male  Female

**Emergency Contact Information**

Full Name:  Relationship:

Tel Num:

Have you taken an indoor cycling class before? Yes  No

**Medical Information**

**Do you suffer with any of the following medical conditions?** The answers given by you do not in any way substitute for a medical examination. Please tick either **YES** or **NO** to the conditions that apply.

Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Respiratory Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pregnant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Surgery (within 2 years)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Injuries ( <i>within 2 years</i> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Low Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Given Birth Recently ( <i>within 6 months</i> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please provide further details about any of the above conditions which you ticked Yes OR any other reason exercise may not be suitable for you.

**Member Declaration**

I have read and fully understand the contents of this form and confirm that my answers are true to the best of my knowledge. I confirm that my participation in the classes taught at Pixel Studio is voluntary. I understand that any advice provided to me by any director, employee or instructor at Pixel Studio is followed at my own risk.

I willingly declare, understand and accept the following:

- I have no medical conditions which would prevent me participating in your classes. I have been declared within the past 6 months by a physician to be in good physical health and capable of performing cycling exercises in a manner consistent with those offered by Pixel Studios. If at any time this changes I will inform you in writing prior to attending any more classes.
- I, my heirs and legal representatives knowingly and voluntarily waive any future claim I may have against Pixel Studio or any director, employee or instructor at Pixel Studio for any injury, conditions or damages I may sustain from being on your premises, participating in classes or following advice.
- Any fees or membership dues paid by me are non-refundable other than at Pixel Studio's sole discretion.
- Pixel Studio reserves the right to refuse access and may terminate membership at any time for any reason. In such event, my compensation is limited to the unused amount if any dues paid.
- Pixel Studio is not responsible for any loss, theft or damage occurring to any personal property on its premises.

We may want to use some of the information you have provided for the purpose of monitoring, assessing or marketing Pixel Studio and to, on occasion, inform you of offers, information and other services and products. We undertake not to sell or otherwise distribute any of your personal information to third parties. I have read the above agreement of release waiver and liability and fully understand its contents. I voluntarily agree to Pixel Studio's Terms and Conditions.

Signed:  Date:

Approved by:  Date:  Client ID: