



Email: _____

Please print the following information.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ home/cell

Emergency Contact: _____ Phone: _____

Birthday: _____

Physical

Conditions: _____

I, _____ hereby acknowledge that **BEVERLY... RIDE ON!** has explained to me the aforementioned safety precautions and I fully understand that compliance therewith will ensure a healthy and safe workout. I have also disclosed any and all health conditions which may affect my ability to participate in the Spinning workout.

Signature _____

Safety Precautions:

- | | |
|-----------------------------|---|
| 1. Fixed Gear=Cannot Coast | 4. Emergency Break |
| 2. 38lb. Fly Wheel | 5. Disengaged Leg From Pedal=Move Leg to Side |
| 3. Resistance Knob Function | 6. No Competition = Ride Your Own Pace |