



**BARRES + WHEELS**

## Barres and Wheels Participant Form

Name: \_\_\_\_\_

Date of Birth: (mo/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_ Did another member refer you? \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

What made you decide to come to Barres and Wheels? \_\_\_\_\_

How much experience do you have with Barre/Spin \_\_\_\_\_

What's your favourite music? \_\_\_\_\_

### Health Info:

Have you had a surgery in the past 12 months? If so please explain. (includes C-Section)

\_\_\_\_\_

Do you have bone, joint pains, pins/plates/prosthesis or any other health concerns that cause you pain or limitations that our Instructors need to be aware of? Yes / No

If Yes, please explain: \_\_\_\_\_

if Yes, have you been cleared by a doctor to exercise? Yes / No

Are you pregnant now or have given birth within the last six months? Yes / No (if Yes, dob)\_\_\_\_/\_\_\_\_/\_\_\_\_

Please describe your fitness goals:

\_\_\_\_\_

**Important: Please mention to your Instructors prior to class any health concerns or injuries you may have.**

Barres and Wheels Inc. and Barres and Wheels Elgin Inc. ("Group of Companies") values your privacy and sets out our policy on the gathering and use of information as part of business operations, including on the business web site and our other sites (collectively "Sites"). The Group of Companies is committed to safe guarding personal information and has implemented a Privacy Policy to demonstrate our firm commitment to our clients' privacy. The Group of Companies complies with Canadian Federal and Provincial privacy laws and regulations including the *Personal Information and Electronic Documents Act* (PIPEDA). For a full version of our privacy please contact our Privacy Officer, Marie Boivin, at [marie@barresandwheels.ca](mailto:marie@barresandwheels.ca)

In consideration of being allowed to participate in any way in the indoor cycling, barre fitness, yoga, Pilates program, related events and Barres & Wheels' activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is inherent and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Barres and Wheels, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_ PARTICIPANT'S SIGNATURE

X \_\_\_\_\_ WITNESS Date Signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X \_\_\_\_\_ PARTICIPANT'S SIGNATURE

X \_\_\_\_\_ WITNESS Date Signed: \_\_\_\_\_