

PSYCLE

Name: _____ Date of Birth: _____
Address: _____ City: _____ Postcode: _____
Primary Phone Number: _____ Email: _____
Emergency Contact Name and Phone Number: _____

WAIVER AND RELEASE

By execution of this Waiver and Release and/or attending Psyche classes, activities and other programmes, and using Psyche's premises, facilities, and equipment (collectively, Classes and Facilities), you hereby agree that there are certain inherent risks and dangers involved in participating in the Classes. If you observe any hazard during participation, you will bring it to the attention of the nearest Psyche employee or official immediately. You accept and are aware that there are inherent risks associated with physical activity and participation in the Classes. Some of these risks cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but they range from 1) minor injuries such as scratches, bruises and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions; 3) catastrophic injuries including paralysis and death and; 4) continual or long-term exposure to amplified music carries risk of hearing damage. Each studio provides personal noise protection in the form of ear plugs for its participants to use if desired. In consideration of being allowed to participate in and access the Classes, you hereby (1) assume full responsibility for any and all injuries or damage which are sustained or aggravated by you as a result of your participation in the Classes and/or use of the Facilities, (2) waive, release and forever discharge Psyche, its officers, agents, employees, instructors, ambassadors, representatives, and all others from any and all responsibility, claims, rights, causes of action and/or liability from injuries or damages to your person or property resulting from your participation in the Classes and/or use of the Facilities, and (3) represent you have no medical or physical condition which would prevent you from attending any of Psyche's Classes/Activities and/or put you in any physical or medical danger, and have not been instructed by a physician not to do so. Psyche hereby advises you that individuals with any chronic disabilities or conditions are at risk in participating in the Classes, and are advised against doing so. In addition, if in the opinion of Psyche staff or instructor, you would be at physical risk by attending the Classes, you will be denied access to the Classes until you supply Psyche with an opinion letter from your medical doctor, at your sole cost and expense, specifically addressing Psyche's concerns, and stating that Psyche's concerns are unfounded. If you decline to obtain such a letter, you will not be permitted to participate in the Classes or use the Facilities. Psyche reserves the right to refuse service at its discretion. I have read this Waiver and Release agreement, fully understand its terms and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Waiver and Release freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. The term of this Waiver and Release is indefinite.

Signature: _____ Date: _____

WAIVER AND RELEASE (UNDER 18)

In consideration of being allowed to enter into the area and/or participate in any event and/or classes at Psyche, the undersigned, on behalf of the Participant identified above, I hereby execute this Waiver and Release on behalf of the Participant and hereby bind the Participant and me to all of the terms stated in the above provision and in this provision. I represent that I am the parent or legal guardian of the Participant and I am authorized by law to execute this Waiver and Release on behalf of the Participant. I agree that the Participant named above and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in the Classes and/or all other programs at Psyche. I, for myself and the Participant named above, and our respective heirs, assigns, administrators, personal representatives and, next of kin, hereby (1) assume full responsibility for any and all injuries or damage which are sustained or aggravated by you as a result of your participation in the Classes and/or use of the Facilities, (2) waive, release and forever discharge Psyche, its officers, agents, employees, instructors, ambassadors, representatives, and all others from any and all responsibility, claims, rights, causes of action and/or liability from injuries or damages to your person or property resulting from your participation in the Classes and/or use of the Facilities, and (3) represent that neither I, nor the Participant, have any medical or physical condition which would prevent us from attending any of Psyche's Classes and/or put us in any physical or medical danger, and have not been instructed by a physician not to do so. I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms and understand that I am giving up substantial rights, including my right to sue, as well as the Participant's right to sue. I acknowledge that I am signing this waiver freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. The term of this waiver is indefinite, unless withdrawn.

Parent/Guardian Signature: _____ Date: _____
Parent/Guardian Printed Name: _____ Phone Number: _____
Address (if different): _____ City: _____ Postcode: _____