

GUY'S BICYCLES 2019 WINTER INDOOR TRAINING SERIES REGISTRATION

LAST NAME		FIRST NAME		
STREET ADDRESS		CITY	STATE	ZIP
DAY PHONE		EVENING PHONE		
E-MAIL		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	D.O.B.:

Classes will be held from 6.30 p.m. to 8:30 p.m. on Tuesday/Thursday evenings beginning January 8th and finishing March 21nd.

PROGRAM	10 WEEKS, 2 TIMES PER WEEK GUY'S BICYCLES TRAINING SERIES <i>Club and/or team discounts do not apply to this program</i>	\$470	
	A HEART RATE MONITOR IS REQUIRED FOR CLASS. If you need one, contact SUZANNE@GUYSBICYCLES.COM for options		
	TOTAL AMOUNT DUE		

Signed registration form and payment can be mailed to
 Guy's Bicycles
 326 E. Street Road Feasterville, PA 19053
 215-355-1166
 FAX 215-364-1608

Payment Method: Make checks payable to Guy's Bicycles, Inc.

Check: Amount:		Number:	
Credit Card: circle one: Visa MC Discover American Express			
Card Number		Exp. Date	CSV #
Signature			
Billing address			

By signing for your credit card, you authorize Guy's Bicycles, Inc. to charge your card for the amount listed in the total column above. You will be contacted if a calculation change is required.

Signature _____

Date _____

GUY'S BICYCLES, INC. WAIVER AND RELEASE

I, _____, represent that I am not a minor and am at least eighteen (18) years of age or older. Further, I state that I currently suffer from no physical or mental condition that would impair my ability to fully participate in the cycling training services (Winter Indoor Training Series) offered by Guy's Bicycles, Inc. at SPORTSPLEX PA, 1331 O'REILLY DR., FEASTERVILLE, PA 19053, 215-355-2582. I am executing the following waiver and release of liability and indemnification (Release) as a condition to enrollment as a participant (Participant) in the Winter Indoor Training Series. I, as a Participant, voluntarily and expressly understand, assume and consent to all the terms, conditions and risks, whether known or unknown, set forth below.

I will begin the Winter Indoor Training Series on January 8, 2019 and conclude on March 21, 2019 (there is a one week break in February.) The conclusion date is subject to change by written agreement of parties. I understand it involves a variety of activities requiring intense physical activity facilitated by an employee, agent, contractor or agent of Guy's Bicycles, Inc.

Assumption of Risk

1. By signing below, I, _____, further understand and agree that participation in the Winter Indoor Training Series is voluntary, and that such participation carries with it certain inherent and unavoidable risks, including an increased risk of serious illness, injury, paralysis, or even death. With full awareness of such risks, I agree that I assume the risk of participating in the Winter Indoor Training Series, including any such risk of death, injury and other losses and damages sustained by me arising out of or in connection with the Winter Indoor Training Series or any system or equipment used in connection with the Winter Indoor Training Series. I further understand that the Winter Indoor Training Series requires physical activity at a greater intensity heart rate level and I acknowledge that Guy's Bicycles, Inc. has advised me I should consult with my physician and/or any other licensed medical provider and/or licensed health care practitioner of my choosing before participating in the Winter Indoor Training Program. I certify that I am physically fit and sufficiently trained for participation in the Winter Indoor Training Program. I certify that I am physically fit and sufficiently trained for participation in the Winter Indoor Training Program and that I have not been advised against participation by a qualified health professional.
2. If I am under the care of a physician, my enrollment in the Winter Indoor Training Series will be made known to my physician by me prior to starting the program. My involvement in the Winter Indoor Training Series will be in accordance with my physician's instructions regarding the Winter Indoor Training Series. Guy's Bicycles, Inc. and its respective representatives shall in no way be responsible for my compliance with my physician's instructions. I expressly agree that I am solely responsible for my compliance with my physician's instructions.
3. This Release shall be binding upon my heirs, assignees, successors and personal representatives. I shall be liable for any damages to Guy's Bicycles, Inc. for its property caused by me or my guests. Furthermore, I assume the risk of injury, death, illness or damage to any third party or any third party's property arising out of my participation in the Winter Indoor Training Series.

Indemnification

1. I, _____, hereby indemnify, release and discharge Guy's Bicycles, Inc. from any liability, claims, losses, judgments, costs, or expenses, and waive the right to pursue legal action against Guy's Bicycles, Inc. and any related representative arising directly or indirectly from my participation in the Winter Indoor Training Series, including claims or damages resulting from death, personal injury, partial or permanent disability or property damage, medical or economic losses, including attorney's fees, whether caused in whole or in part from any instruction or training hereunder and whether based upon the breach of any express or implied warranty, negligence or under any other legal theories. I further indemnify, release, and forever discharge Guy's Bicycles, Inc. from any liability claims, losses, costs or expenses, arising directly or indirectly from my participation in the Winter Indoor Training Series.
2. I hereby indemnify Guy's Bicycles, Inc. and its respective representatives and assume the risk of any and all liability claims and damages, direct or indirect, to third parties or their property arising out of my participation in the Winter Indoor Training Series.
3. In accordance with the foregoing, I hereby agree to indemnify and hold Guy's Bicycles, Inc. and its respective representatives, harmless for any and all claims, actions, demands, damages, liabilities, expenses that arise in connection with my participation or directly or indirectly resulting from the Winter Indoor Training Series.

Disclaimer

1. I, _____ hereby acknowledge that the Winter Indoor Training Series is provided "as is", without warranties

of any kind, express or implied, nor am I guaranteed any individual results. I hold harmless Guy's Bicycles, Inc. and am personally responsible for the achievement of my individual performance goals. I further understand and agree that Guy's Bicycles, Inc. and its respective representatives expressly disclaim any and all express or implied warranties arising by law, conduct, or otherwise and any other alleged obligation or liability arising from contract, negligence, tort, or otherwise, including, but not limited to, the implied warranties of merchantability and fitness for a particular purpose with respect to the Winter Indoor Training Series or any products offered or endorsed by Guy's Bicycles, Inc. or its representatives. Under no circumstances shall Guy's Bicycles, Inc. or its representatives be liable for special, indirect, incidental or consequential damages of any nature whatsoever.

2. I hereby waive and release Guy's Bicycles, Inc. and its representatives from any claims based on any oral or written statements made prior to or contemporaneous with this Release and disclaim any reliance on any such statements. I understand that Guy's Bicycles, Inc. is in no way related to the services offered by the SPORTSPLEX.

Acknowledgement of Release Terms and Conditions

I, _____ hereby represent that I have carefully read and fully understand the contents of this Release and that this Release is legally binding and enforceable, and that I agree to the terms and conditions of this Release. This Release is governed by the laws of the Commonwealth of Pennsylvania.

Participant name (print)
Address
Phone number
Email address
Signature
Date
EMERGENCY CONTACT: NAME _____ RELATIONSHIP _____ PHONE _____

GUY'S BICYCLES, INC.

Guy's Bicycles, Inc. Representative _____

Date _____

GUY'S BICYCLES 2019 WINTER INDOOR TRAINING SERIES PARTICIPANT INFORMATION

Name _____
 Age _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Telephone (H) _____ (W) _____ (cell) _____
 Email _____
 What do you currently do for exercise? _____

Please describe your cycling experience. State distances, times, and race finishes if applicable.

What are your racing goals for the 2019 season? _____

What do you hope to achieve from this winter training? _____

Have you ever trained utilizing wattage for cycling feedback? _____
 A heart rate monitor? _____

Date of your last complete physical exam _____
 Has your doctor ever restricted your physical activity? _____ If yes, list the specific medical restrictions. _____

Are there any medications you are presently taking which would in any way restrict your physical activity? _____ Please list type and purpose.

Do you have any allergies? _____ If yes, please explain _____

Do you now have or have you ever had?

	YES	NO		YES	NO
HIGH BLOOD PRESSURE	_____	_____	DIZZINESS OR FAINTING	_____	_____
HIGH CHOLESTEROL	_____	_____	KIDNEY PROBLEMS	_____	_____
HEART DISEASE	_____	_____	RECURRENT HEADACHES	_____	_____
A HEART PROBLEM	_____	_____	BROKEN BONES	_____	_____
CANCER	_____	_____	SWOLLEN OR PAINFUL JOINTS	_____	_____
A STROKE	_____	_____	BACK PAIN/HERNIATED DISK	_____	_____
DIABETES	_____	_____	NECK PAIN/NUEROLOGIC CONDITION	_____	_____
DIFFICULTY BREATHING	_____	_____	RECENT SURGERY	_____	_____
LUNG DISEASE	_____	_____	STOMACH OR INTESTINAL PROBLEMS	_____	_____
ASTHMA	_____	_____	ARTHRITIC CONDITION	_____	_____
SHOULDER INJURY	_____	_____			

If you answered "YES" to any of these questions, please explain

Have you been diagnosed with any medical conditions in the last 10 years that would limit your participating in an athletic program? If so, describe.

Do you have any other medical problems? _____ If yes, please explain _____

Participant Signature _____ Date _____