

Riverside Spin, LLC. & Adirondack Mountain Retreats, LLC. Liability Waiver

We are delighted to have you as a participant of Riverside Spin and Adirondack Mountain Retreats classes. The following information will help you get the most out of your classes and clarify your instructor's role. Please read and sign below.

Participation in spin classes, meditations, reiki, and/or coaching circles, includes, but is not limited to, performing various cardio exercises, suspended postures, strength training, and mind/body resilience training.

1. Meditation and Reiki are spiritual exercises that integrate mind, body and spirit. It is a way of encountering and releasing physical, mental and emotional tensions to arrive at deeper levels of relaxation and awareness. These exercises may be incorporated into any class at any time.

2. By choosing to participate in any class, workshop, or retreat, you voluntarily, knowingly and expressly assume the risk of any injury. The following guidelines may help you to reduce that risk:

- Listen to and follow your instructor carefully
- Breathe smoothly and continuously as you move and stretch
- Do not hold your breath or strain to attain any posture
- Work gently, respecting your body's abilities and limits
- Do not increase resistance or perform postures or movements that are painful
- Ask your instructor if you are unsure how to perform any movement

3. Consult your physician before embarking on any exercise program. Inform your instructor of any health condition(s) that may be affected by your spin practice. You represent and warrant that you are physically fit, and have no medical condition that would prevent your full participation in any class.

4. It is your responsibility to monitor each activity to determine whether it is appropriate for you to participate. Although your instructor will guide you, you remain solely responsible for your safety and well-being.

5. In consideration for your participation in any class, workshop, or retreat, and by signing this form, you, your heirs, your assigns, and your legal representatives hereby forever release, waive, discharge, indemnify, hold harmless and covenant not to sue Gabrielle Neidlinger, and/or Riverside Spin, LLC. and/or Adirondack Mountain Retreats, LLC., and/or hold its owners, directors, officers, employees, agents, members, managers, instructors and representatives from all injuries, damages, losses, expenses, attorneys' fees, settlements, liabilities, claims, suits and causes of action which may result therefrom, and which may affect you and/or Gabrielle Neidlinger, and/or Riverside Spin, LLC. and/or Adirondack Mountain Retreats, LLC.

6. Each instructor reserves the right to refuse participation by any student who behaves in a dangerous, threatening, distressing or disruptive manner with regard to the instructor or any student.

7. If you do not wish to receive physical assistance, it is your responsibility to inform your instructor.

8. I hereby give my consent to Riverside Spin LLC and/or Adirondack Mountain Retreats LLC to photograph, film, videotape and then use, reproduce, and publish images of me. I agree that photographs/negatives, film, or videotapes thereof shall constitute the sole property of Riverside Spin LLC, and/or Adirondack Mountain Retreats LLC, with full right of disposition in any manner whatsoever, including the right to publish on the web or in print.

9. By watching videos (live stream or recorded) from Riverside Spin LLC and/or Adirondack Mountain Retreats LLC, I am agreeing to all the liability releases above for in person classes.

10. I understand that if I am taking spin in the wintertime, the room will be heated. This can be strenuous and aggravate a physical or medical condition. Before participating in any exercise in the heated room, it is advised to consult your doctor as to your fitness to participate in the activity.

11. I understand and agree that the company is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

12. I agree to adhere to any and all current covid-19 protocol set forth by Riverside Spin LLC and/or Adirondack Mountain Retreats LLC., and the state of New York while on the premises.

First Name: _____ Last Name: _____

Address: _____

Phone #: _____ Email: _____

Emergency Contact Name & #: _____

Medical Information *(Please provide any medical information here (medical conditions, injuries, surgeries, medications, etc.). The more informed the instructor is the better they are able to serve your needs in class!)*

Signature: _____ Date: _____