

Revolve Studio Minor Participant Waiver & Permission Form

Participant Information

- Student Name: _____
- Age: _____
- School/Class: _____
- Date of Class: _____

Parent/Guardian Information

- Parent/Guardian Name: _____
 - Phone Number: _____
 - Email Address: _____
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Permission to Participate

I, the undersigned parent or legal guardian, give permission for my child named above to participate in a private indoor cycling (spin) class and related fitness activities at Revolve Studio.

I understand that participation in this activity is voluntary and involves physical exertion.

Assumption of Risk

I acknowledge that indoor cycling and fitness activities involve inherent risks, including but not limited to muscle soreness, fatigue, dizziness, falls, equipment malfunction, or other injuries. I voluntarily assume all such risks on behalf of my child, whether known or unknown, arising from participation in the activity.

Release and Waiver of Liability

To the fullest extent permitted by law, I hereby release, waive, and discharge Revolve Studio, its owners, instructors, employees, and agents from any and all claims, liabilities, demands, actions, or causes of action arising out of or related to my child's participation in the class, including those resulting from ordinary negligence.

This waiver applies to any injury, illness, or loss that may occur during or as a result of participation.

Medical Acknowledgment & Emergency Care Authorization

I affirm that my child is able to participate in the indoor cycling class with or without reasonable modifications, and that I have disclosed any relevant medical conditions, limitations, accommodations, or emergency needs to Revolve Studio prior to participation.

I understand that Revolve Studio and its instructors are not medical professionals and are not responsible for diagnosing or treating medical conditions.

Acknowledgment & Signature

I have read and fully understand this waiver and permission form and agree to its terms.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____