

New Client Information Form

Name: _____ Date: _____

Gender: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Address: _____

City: _____ Province/State: _____ Postal Code: _____

Billing Information: (No Debit Card)

Credit Card number: _____

Expiry Date (Month/Year): _____ CVC: _____

*This form will be discarded for your security

Liability Waiver

I _____ agree that Method Indoor Cycling is in no way responsible for the safekeeping of my personal belongings while I attend class.

I understand that classes at Method Indoor Cycling may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death.

I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against Method Indoor Cycling or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

Signature _____