

## WAIVER AND RELEASE OF LIABILITY

### In Consideration Of:

1. The risk of injury that exists while participating in cycling (hereinafter the "Activity").
2. My desire to participate in said Activity and being given the right to participate in the same.

I, **[Member]**, for myself, my heirs, executors, administrators, assigns, or personal representatives (collectively, "Releasor," "I," or "me," which terms also include Releasor's parents or guardian if under 18 years of age), knowingly and voluntarily enter into this **Waiver and Release of Liability** and hereby waive any and all rights, claims, or causes of action of any kind arising out of my participation in the Activity.

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### Release of Liability

I, **[Member]**, hereby release and forever discharge **6ycle Atown LLC**, located at [Insert Studio Address], Allentown, Pennsylvania, including their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns (collectively, "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

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### Acknowledgment of Risk

I am voluntarily participating in this Activity and entirely at my own risk. I understand that this Activity involves risks, which may include but are not limited to:

- Physical or psychological injury
- Pain, suffering, illness, or disfigurement
- Temporary or permanent disability (including paralysis)
- Economic or emotional loss
- Death

I acknowledge these risks may arise from my own negligence, the negligence of others, or the conditions at the Activity location(s). Nonetheless, I assume all related risks, both known and unknown.

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### Indemnification

I agree to indemnify, defend, and hold harmless the Releasees against any and all claims, suits, or actions of any kind, including attorney's fees, arising out of my participation in the Activity.

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### Medical Treatment

In the event I require medical care or treatment, I authorize **6ycle Atown LLC** to provide emergency medical care deemed necessary, including but not limited to first aid, CPR, and the use of AEDs. I agree to assume all costs involved and am aware that I should carry my own health insurance.

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**Fitness and Participation**

I agree not to participate in the Activity unless I am medically able and properly trained. I will abide by the decision of the **6ycle Atown LLC** official or agent regarding my ability to participate.

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**Acknowledgment of Terms**

I acknowledge that I have carefully read this Waiver and Release and fully understand its terms. This Release is a binding legal agreement that supersedes any previous agreements or promises.

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**Damages and Liability**

I agree to be held financially responsible for any damage to equipment or facilities resulting from my willful actions, neglect, or recklessness.

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**Governing Law**

This Release is governed by Pennsylvania law without regard to its conflict of law principles.

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**Severability**

If any provision is deemed invalid or unenforceable, the remainder of this agreement shall remain in effect.

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**COVID-19 Policy**

6ycle Atown LLC has implemented preventative measures to reduce the spread of COVID-19. However, participation in 6ycle activities could increase the risk of contracting COVID-19. By participating, you acknowledge and accept this risk.