

## Terms, Conditions and Skills Workshop Waiver

Please print, sign and return to us by email to [philmybikecoach@gmail.com](mailto:philmybikecoach@gmail.com)  
This must be done before the Skills Workshop is attended.

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I, “the client” hereby consent to engage voluntarily in exercise prescribed to me by mymtbcoach.com. I certify that I am currently in good health and have provided correct and accurate responses to the questions on this form. I understand that the Skills workshop that I will undertake is strenuous and I acknowledge that participation in this session involves certain risks. I understand that by undertaking this session, I voluntarily assume these risks.

In consideration of my following a Skills workshop from mymtbcoach, I hereby release and forever discharge mymtbcoach, its management, partners, agents, contractors, associates and employees (whether acting within the scope of their employment or not) from any claims, demands or causes of action relating to or arising from my presence or participation in an mymtbcoach training skills procedure, which may result in illness or injury to me or even death. I intend this release to bind my heirs, executors, assigns, administrators, personal representatives, and myself.

The Skills Workshop Fee will be paid directly into the nominated mybikecoach bank account before the date of the said Skills Workshop.

Signature of the Client

Date:    /    /

Signature of Parent/Guardian (If client aged below 18)

Date:    /    /

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