



**VICIOUS CYCLE**

## **New Client Details**

Date of first visit: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: (circle one) F/M

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **Liability Disclaimer**

In signing below I agree that Vicious Cycle is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes at Vicious Cycle 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 Vicious Cycle or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

Signed:

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