

ZUMBA® REGISTRATION FORM & WAIVER



Name _____ Phone # _____

E-mail Address _____ (Please print)

Emergency Contact _____ Phone _____

Relationship _____

Would you like to receive emails about class updates, discounts & Zumba events? Yes No

I am registering for

10 Weeks sessions for \$56 - June 4, 2016 – July 13, 2016

Drop in Fee \$8.00

I, _____, hereby agree to the following:

1. I am participating in ZUMBA® Fitness classes offered by [The Borough of Park Ridge/ Carol Leyton](#). I understand that it is my responsibility to consult with a physician prior to and regarding my participation in ZUMBA® Fitness classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in ZUMBA® Fitness classes.
2. As with any exercise program, if at any point during my workout I begin to feel faint, dizzy, or have physical discomfort, I will stop immediately and rest and/or state my need for assistance...
3. In consideration of being permitted to participate in ZUMBA® Fitness classes, I agree to assume full responsibility for any risks, injuries or damages (known or unknown), property damage or loss of any kind in which I may incur as a result of participating in ZUMBA® Fitness classes.
4. In further consideration of being permitted to participate in ZUMBA® Fitness classes, I knowingly, voluntarily and expressly waive any claim I may have against the authorized [The Borough of Park Ridge/ Carol Leyton](#) for any injuries or damages (known or unknown), property damage or loss of any kind, including death that I may sustain as a result of participating in any ZUMBA® Fitness class.
5. This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively "Release") [The Borough of Park Ridge/ Carol Leyton](#) for any injury, death, property damage or loss of any kind caused by my voluntary participation in any ZUMBA® Fitness class. This Release, Waiver, Discharge and Covenant Not to Sue is made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, and legal representatives.
6. I have read the above release, waiver of liability and assumption of risk, fully understand its contents and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be the complete and unconditional release of all liability. I voluntarily agree to the terms and conditions stated above.

(Print Name)

(Signature)

Date