



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, am participating in private or group Zumba Fitness Classes taught by Rebecca Trapp or a substitute appointed by her. I recognise that Zumba Fitness Classes and any fitness programs may involve strenuous physical activity.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Zumba Fitness Classes. I represent and warrant that I am in good physical condition and do not suffer from any known disability or medical condition which would prevent or limit my participation in this exercise program; or that will be detrimental to my health if I participate in this activity.

I fully understand that I may injure myself as a result of my participation in Zumba Fitness Classes and I forever release Rebecca Trapp from any claims, demands, and causes of action as a result of my voluntary participation; and from any liability (including liability for their negligence and the negligence of others) now or in the future for conditions that I may obtain.

These conditions may include, but are not limited to, death, heart attacks, muscle strains, pulls, or tears, broken bones, shin splints, injuries to knees, ankles or back, miscarriage, dancing in cars and through supermarket aisles or any other illness or soreness that I may incur.

I am fully aware of, and agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the classes.

In the event of any emergency, I authorise medical attention from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. It must be noted that the absence of health insurance coverage does not make the fitness instructor Rebecca Trapp responsible for payment of any medical expenses.

I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

DATE

PARTICIPANT SIGNATURE

If participant is under age 18:

Date of birth: _____

AS LEGAL GUARDIAN OF THE ABOVE SIGNED PARTICIPANT, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

NAME OF PARENT / LEGAL GUARDIAN

SIGNATURE OF PARENT/LEGAL GUARDIAN

REGISTRATION FORM



Full Name: _____

Mobile number: _____

E-mail: _____

Emergency Contact Name: _____ Phone: _____

Would you like to be emailed about changes or additions to class schedules and ZUMBA events?

Yes
 No
 DOB (dd/mm): ____/____ (optional)

How did you hear about us?

www.zumba.com
 Friend: _____
 Facebook
 Advertisement | Where? _____
 Google
 Other: _____

Medical History:

Condition	Yes	No	Condition	Yes	No
Diabetes			Back / Neck Problems		
Chest Pains			Recent Surgery (12 months)		
Asthma			High Blood Pressure		
Epilepsy			Dizziness with Exercise		
Arthritis / Joint Pain			Recent Pregnancy (12 months)		
Major Illness / Injury			Other		
Details if Yes to any above					

Are you currently exercising?

Yes
 Sort of
 No

Have you participated in a Zumba® class before?

Yes
 No

