



Zumba Registration and Liability Waiver



NAME: _____

DATE: _____

EMAIL: _____

PHONE: _____

**Emails are only sent out for class changes or rare input requests, PROMISE*

How did you hear about this class?

FRIEND (who? _____)

Recreation Center Mailing or Brochure

FLYER (where? _____)

OTHER (_____)

Liability Release Form

Assumption of Risk, Release of Liability for Personal Injury, Agreement to Hold Instructor Harmless of Fault

I, _____, agree and consent to the following:

I am voluntarily participating in Zumba, an exercise class conducted by Shirley J. Maness, MaryLou Mercado, Shelby Maness and Troy Lynn Thompson. I recognize the program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved.

I understand it is my responsibility to consult with a physician prior to and regarding my participation in the above-mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in this program.

I agree to assume full responsibility for any risks, injuries or damage known or unknown which I might incur as a result of participating in this program. Such injuries may include, but are not limited to, heart attacks, muscle strains-pulls-tears, broken bones, shin splints, heat prostration, knee-back-foot injuries, or other illness or soreness, including death.

I knowingly, voluntarily, and expressly waive any claim I may have against Shirley J. Maness, MaryLou Mercado, Shelby Maness and Troy Lynn Thompson, The Farmington Recreation Center, Farmington Schools or any other location for any injury or damages that I may sustain as a result of participating in the program.

I, my heirs, or representatives' forever release waive, discharge and covenant not to sue Shirley J. Maness, MaryLou Mercado, Shelby Maness and Troy Lynn Thompson, The Farmington Recreation Center, Farmington Schools or any other location for any injury or death caused by their negligence or other acts.

I have read the above waiver and release of liability and fully understand its content. I voluntarily agree to the terms and conditions stated above.

Signature of Participant

Date

**** If the participant is not 18 years of age** or older, he/she must have the consent of a parent or guardian who will also read, understand, and agree to the above terms. The Parent or Guardian must then sign and assume responsibility for the above terms.

I, _____, as parent or legal guardian of _____, hereby understand, agree to, and assume responsibility for the above terms for this minor listed.

Signature of Parent or Legal Guardian

Date

Contact phone number