

REGISTRATION FORM for Zumba Fitness & Toning
Wednesdays, 6:45-7:45pm, June 2-August 18 (12 weeks)
 @ Gemini Personal Training, 3980 NW Urbandale Dr - Urbandale, IA 50322

<input type="checkbox"/> 5 class punch card \$60	<input type="checkbox"/> 10 class punch card \$100
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Participant's Name	DOB, mm/dd/yy	Age
Phone #	Email	

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

This agreement is by and between Ildiko G. Kadar (herein referred to as the authorized ZUMBA instructor) and the participant.

I, _____, hereby agree to the following:

1. I am participating in ZUMBA classes, offered by the authorized ZUMBA instructor and during which I will receive information and instruction about ZUMBA. I recognize that ZUMBA requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the ZUMBA Classes. I represent that I have consulted with a physician and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the ZUMBA Classes.
3. In consideration of being permitted to participate in ZUMBA Classes, I 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 program.
4. In further consideration of being permitted to participate in ZUMBA Classes, I knowingly, voluntarily and expressly waive any claim I may have against the authorized ZUMBA instructor for damages, and injury, including death that I may sustain as a result of participating in ZUMBA classes.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue the authorized ZUMBA instructor for any injury or death caused by my voluntary participation in the ZUMBA classes.

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. This agreement remains in effect for as long as I participate in ZUMBA classes.

 PARTICIPANT'S SIGNATURE

 DATE

If Participant is under 18:

As Legal Guardian of _____ I, Consent To The Above Terms And Conditions.

 NAME AND SIGNATURE OF LEGAL GUARDIAN

 DATE