

Zumba with Ashlee Florey and Kelsey Binder
RELEASE AND WAIVER OF LIABILITY AGREEMENT
For Participation in Zumba Classes

This agreement is by and between the Zumba Instructors, Ashlee Florey and Kelsey Binder, and any unnamed substitute instructor authorized by them to instruct ZUMBA classes in their place (herein referred to as the ZUMBA instructors) and the individual whose name is signed and printed below (herein referred to as the participant).

1, _____, hereby agree to the following:

1. I am participating in ZUMBA classes, offered by the ZUMBA instructors 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 it is my responsibility to consult with a physician prior to and regarding my participation in the ZUMBA classes. I represent and warrant I am physically fit and I have no medical condition that would prevent my full participation in the ZUMBA classes.
3. I understand it is my responsibility to bring clean shoes to participate in class. (Clean shoes: free of dirt and debris and will not ever be worn on any facility exterior surfaces for the duration of my class participation).
4. In consideration of being permitted to participate in ZUMBA classes, I agree to assume full responsibility, injuries, or damages, known or unknown, which I might incur as a result of participating in the program.
5. In further consideration of being permitted to participate in ZUMBA classes, I knowingly, voluntarily, and expressly waive any claim I may have against the certified instructors or the participating facility for damages and injuries, including my death, that I or my dependent may sustain as a result of participating in ZUMBA classes.
6. I, my heirs, or legal representatives forever covenant not to sue the ZUMBA instructors or the participating facility for any injury or death caused by my voluntary participation in the ZUMBA classes.
7. 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

Parent/Guardian Signature (If minor (under 18) is participating)

Date

ZUMBA Instructor's Signature

Date

ZUMBA Instructor's Signature

Date