



Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact and phone \_\_\_\_\_

*I will not share your data with any third parties but please let me know if it is OK to contact you for my own marketing purposes by (please tick to confirm) Text*

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*Email*

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### **Waiver and Release of Liability for Zumba Fitness Classes**

I, \_\_\_\_\_ hereby agree to following:

1. That I am participating in the training, programs, exercises and events, fitness classes offered by Takako Romanis, or alternative instructor during which I will receive instructions.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any Fitness program. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in this class.
3. In consideration of being permitted to participate in any Group Fitness Class I agree to assume full responsibility for any risk, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In consideration of being permitted to participate in any Fitness Program I knowingly, voluntarily and expressly waive any claim I may have against Takako Romanis, owners, landlords or insurers or any Zumba Fitness Instructor for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge, and covenant not to sue Takako Romanis, owners, landlords, or insurers or any Zumba Fitness instructor for any injury, death, property damage or loss of any kind caused by my voluntary participation in any Zumba Fitness Class.

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.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_