



*Zumba® Dance Fitness Classes/Sessions*

**Instructor: Sara Marrero**

*Payne Avenue Christian Church, North Tonawanda, NY*

Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Relation to Emergency Contact: \_\_\_\_\_

Any medical conditions: \_\_\_\_\_

1) Photo/Image Release

I hereby agree to have photo/video taken which may be published in local publications, web media and/or promotional materials; understanding there will be no compensation for my participation and/or appearance in either medium.

**Please Initial:** \_\_\_\_\_

2) Liability Waiver

I have enrolled in the Zumba® Dance Fitness classes instructed by Sara Marrero. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and cardiovascular conditioning, training and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation is purely voluntary and in no way mandated by Sara Marrero (sole proprietor) and / or Payne Avenue Christian Church. **Please Initial:** \_\_\_\_\_

3) In consideration of my participation in this program, I, hereby release Sara Marrero, thereof Zumba®, and / or its agents from any claims, demands and causes of action as a result of my voluntary participation and enrollment. I fully understand that I may inure myself as a result of my enrollment and subsequent participation in this program and I, hereby release Sara Marrero thereof, Zumba® and its agents from any liability now or in future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, pulls, tears, broken bones, shin splints, heart prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death. In case of serious injury or illness, I hereby request that authorized personnel transport myself to the nearest hospital, or send by ambulance if needed, and I will assume all financial obligations. I hereby give my consent for the above participant/myself to engage in this activity and understand the possibility of injury as a result of said activity. **Please Initial:** \_\_\_\_\_

**I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS**

**Participant's Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Name of Family Doctor:** \_\_\_\_\_