



## Zumba Registration Form

ZUMBA PARTICIPANT INFORMATION FORM			
Participant Name		Phone #	Birth Date
Street Address	City	State	Zip Code
EMERGENCY CONTACTS			
Emergency Contact #1		Phone #	Relationship
Emergency Contact #2		Phone #	Relationship
Doctor		Phone #	
In case of emergency, which hospital do you prefer?			
MEDICAL /HEALTH INFORMATION			
PLEASE COMPLETE THE FOLLOWING TO PROVIDE PERTINENT HEALTH / MEDICAL INFORMATION ON THE			
Past Pertinent Medical History			
<p><b>Treatment Authorization:</b> The above information is correct to the best of my knowledge. The Barnstormers is hereby authorized to provide basic first aid and/or seek advanced emergency medical attention for the participant from designated Emergency Medical Service providers for illness and/or injury occurring during Zumba programs.</p>			
Signature of Participant			Date



## Liability Release Form

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

I, the below signed participant hereby agree and consent to the following:

I acknowledge that my enrollment and subsequent participation in Zumba, an exercise fitness class conducted by Zumba Educational Specialists (ZES) is purely voluntary.

I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I understand it is my responsibility to consult with a physician prior to and regarding my participation in the above-mentioned program. I hereby **AFFIRM** that I am in **good physical condition** and do not suffer from any known disability or conditions that would prevent or limit my participation in this exercise dance program.

I knowingly, voluntarily, and expressly waive any claim I may have against Zumba Educational Specialists (ZES) as my instructors and The Barnstormers Inc. , Ridley Park PA, for any injury or damages that I may sustain as a result of participating in this exercise 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, my heirs, or representatives' forever release waive, discharge and covenant not to sue my Zumba Educational Specialist (ZES) as my Zumba instructors and their agents, including The Barnstormers, Inc., and their agents, for any injury or death caused by their negligence or other acts.

I fully understand that I may injury myself as a result of my enrollment and subsequent participation in this program and I hereby release my Zumba Educational Specialist (ZES) as my Zumba instructors and their agents, including The Barnstormers, Inc., and their agents, from any liability now or in the future for any and all physical and/or mental conditions, injuries, aches or pains that I may obtain. These conditions my include but are not limited to heart attracts, muscle strains, muscle pulls, muscle tears, broken bones, skin splints, heat prostration, injuries to knees, back or feet, or any other illness or soreness that I may incur including death. I agrees to assume any financial obligation, either through Participant's personal health insurance, or through some other means, for any medical costs which Participant incurs. Zumba Educational Specialists (ZES), The Barnstormers Inc. and its agents assumes no responsibility for any medical expenses, injury, or damage suffered by Participant in connection with the use of any facilities or services in connection with the Activity.

It is the intention of the participant by signing below to expressly assume all risk of Personal Injury, Death or Property Damage upon him/herself, to the exclusion of and to exempt Zumba, Zumba Educational Specialists (ZES), The Barnstormers and it's agents from Liability for Personal Injury, Property Damage and Wrongful Death.

**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

**After filling out the Form hit the print button and bring with you to ZUMBA**