

REGISTRATION / WAIVER

FULL NAME (Please Print):	
BIRTHDAY: (MM/	DD/YY)
EMAIL:	PHONE#:
ADDRESS:	CITY
Emergency Contact Name:	Phone# for Emergency:
Any special need/medical condition? Yes or	r No
WAIVER / RELEASE	
permitting the Participant to participate in dam by signing below, hereby voluntarily indemnif accident, injury, illness, death, loss, damage to any other person arising or resulting directly of event that Participant is injured, Participant ag personal health insurance, or through some of however, assumes no responsibility for any mo- connection with the use of any facilities or serve by signing below to expressly assume all risks him/herself, to the exclusion of ZumbaKo and property damage, property lost or wrongful de Participant further agrees that Participant, his/ not make any claim against, sue or attach Zum participation in the Activity. Participant is away this is a release of liability, a waiver of the part	& Fitness and its Instructors (hereinafter referred to as "ZumbaKo") are & fitness classes (hereinafter referred to as "Activity"), Participant fies, releases from liability and holds harmless ZumbaKo for any person or property, or other consequences suffered by Participant or or indirectly from Participant's participation in the Activity. In the grees to assume any financial obligation, either through Participant's her means, for any medical costs which Participant incurs. ZumbaKo edical expenses, injury, or damage suffered by Participant in vices in connection with the Activity. It is the intention of participant of personal injury, death, property damage or property lost upon to exempt and relieve ZumbaKo from liability for personal injury, eath. Ther spouse, assignees, heirs, guardians, and legal representatives will abaKo for any loss or damage resulting from Participant's are of the potential dangers incidental to engaging in the activity, that icipant's legal right to collect damages in the event of injury, death or cipant and ZumbaKo, and participant signs it of his/her own free
of her/him for use on ZumbaKo websites and/oinclude printed or electronic publications, web agrees that her/his name and identity may be rimage(s). The participant authorizes the use of digital reproductions shall be the property of Z The Participant, hereby consents to receive emoption to unsubscribe anytime by following the	dumbaKo, to take and use: photographs, digital images and/or videos or in related ZumbaKo promotional materials. These materials might esites or other electronic communications. The participant further revealed in descriptive text or commentary in connection with the these images without compensation to her/him. All negatives, prints ZumbaKo Fitness & Dance. ail communications from ZumbaKo, and the Participant has the e instructions contained in each of the communications received. The ate information provided above are held in strict confidence.
Participant's Signature:	Date:
Parent/Legal Guardian Signature (if < 16):	Date