

REGISTRATION / WAIVER

REGISTRATION / WAIVER	
FULL NAME (Please Print):	BIRTHDAY:
EMAIL:	PHONE#:
ADDRESS:	CITY
Emergency Contact Name:	Emergency Phone#:
Any special need/medical condition? Yes No	
Release of Liability, Waiver of all Possible Claims	s and Assumption of Risk
classes are offered, their officers, employees, and	d Dance (hereinafter referred to as "ZumbaKo"), the facility where the d volunteers (hereinafter referred to as "Releasees") permitting me ss classes (hereinafter referred to as "Activity") offered by ZumbaKo.
lost, or other consequences suffered by me or an participation in the Activity, to the exclusion of Zu Releasees from liability for accidents, personal in expenses which I incur. ZumbaKo and Releasees,	sks of accidents, personal injury, death, property damage or property by other person arising or resulting directly or indirectly from my umbaKo and Releasees and to exempt and relieve ZumbaKo and jury, property damage, property lost, wrongful death, and any medical assume no responsibility for any medical expenses, injury, or damage facilities or services in connection with the Activity.
and legal representatives, will not commence litigagainst ZumbaKo and Releasees based on any act from my participation in the Activity. I further ack	be generality of the foregoing, my spouse, assignees, heirs, guardians, gation or otherwise seek to recover damages or other compensation tion, claim, demand, request, loss or any recourse whatsoever arising knowledges that ZumbaKo and Releasees can rely on this Release of ption of Risk as a complete defence to any and all claims, damages, arise at any time.
me for use on ZumbaKo websites and/or in relate printed or electronic publications, websites or oth descriptive text or commentary in connection with	asees, to take and use: photographs, digital images and/or videos of ed ZumbaKo promotional materials. These materials might include her electronic communications. My name will not be revealed in the image(s) unless permitted by myself. I authorize the use of es, prints, digital reproductions shall be the property of ZumbaKo.
	ns from ZumbaKo, and I have the option to unsubscribe anytime by e communications received. I also acknowledge all my private fidence.
	vledge that I fully understand the terms as set out above. I bility, Waiver of all Possible Claims and Assumption of Risk voluntarily.
Participant's Signature:	Date:
Parent/Legal Guardian Signature (if < 16):	Date: