



### Participant Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ home/cell (circle) Birth date: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ ( NO SPAM!)  
 Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Relationship: \_\_\_\_\_ How did you hear about us \_\_\_\_\_  
 Hospital Preference: \_\_\_\_\_ Physician: \_\_\_\_\_  
 Additional Medical Comments:

### **Fitness waiver of liability release form**

Informed consent –Group Release of Liability \*\*\*Please read carefully\*\*\*

I \_\_\_\_\_ (name of participant) In consideration of being allowed to participate in the Zumba Fitness Class and use of facilities at Zstudio, I do forever waive, release and discharge Jillian Routh, Dawn Magnuson, Christine Stocke, and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by negligent acts or omission of any of those mentioned or others acting on their behalf arising out of or connected with my participation in this activity, and I hereby agree to submit any and all claims to binding arbitration and abide by the judgment of that arbitration.

\_\_\_\_\_ (Please initial) I fully understand that I may injure myself as a result of my participation in this activity and forever waive release and discharge Zstudio, Jillian Routh, Dawn Magnuson, Christine Stocke, and all others acting in their behalf from any liability now or in the future, including but not limited to muscle or ligament tears, strains, sprains, pulls , broken bones, dislocations, joint problems, shin splints, heat exhaustion, knee, back, hip or foot injuries, as well as the potential for heart attack, paralysis or death, however caused, occurring during or after my participation in this exercise class. \_\_\_\_\_ (Please initial) I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in this activity. I understand that a medical examination to assure my physical fitness is desirable and obtaining such examination is my own responsibility. I acknowledge that I have had a physical examination and have been given my physician’s permission to participate in this activity or I have decided to participate in this activity without the approval of my physician and do assume all responsibility for my participation in this activity. I fully understand that I am forever giving up, in advance, any right to sue or make claim against the parties I am releasing, if I suffer any injuries or damages, even though I do not know what or how extensive those injuries or damages might be. I am voluntarily assuming the risk of those injuries or damages. \_\_\_\_\_ (Please initial)

I understand that Zstudio, Jillian Routh, Dawn Magnuson, Christine Stocke, and any others acting in their behalf are providing and maintaining a fitness class, however, that does not constitute an acknowledgement, representation or indication of my physiological well-being or a medical opinion relating thereto. \_\_\_\_\_ (Please initial) In signing this release, I acknowledge and represent that I read the foregoing Waiver of Liability Form, understand it and sign it voluntarily as my own free act and deed and am not under any physical or emotional duress to sign. I am at least eighteen (18) years of age and fully competent. In case of emergency, I agree to allow the above parties to call for emergency medical assistance and I am aware that I am financially responsible to those medical services. \_\_\_\_\_ (Please initial)

**Zstudio participants under 18 must have the consent of parent or guardian**

**CLEARLY print participant name** \_\_\_\_\_

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CLEARLY print guardian name** \_\_\_\_\_

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_