

THE WATCHUNG ARTS CENTER

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY ZUMBA CLASSES

This agreement is by and between **The Watchung Arts Center /Yulibeth Oliveira (Zumba Instructor), the additional Zumba Instructors appointed by the Center and Yulibeth Oliveira** and _____ (herein referred to as the participant) *(Print YOUR name)*

I, the above named participant, hereby agree to the following:

1. I am participating in private or group Zumba classes taught by the authorized ZUMBA instructor. I recognize that Zumba classes and any fitness programs may involve strenuous physical activity including, but not limited to, cardiovascular conditioning and interval training, muscle strength and endurance training, and other various fitness activities.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Zumba Classes. I represent and warrant that I am in good physical condition and do not suffer from any known disability or medical condition which would prevent or limit my participation in this exercise program; or that will be detrimental to my health if I participate in this activity.
3. I, my heirs or legal representatives fully understand that I may injure myself as a result of my enrolment and subsequent participation in Zumba classes and I, my heirs or legal representatives forever release The Watchung Arts Center and its agents and trainers from any claims, demands, and causes of action as a result of my voluntary participation and enrolment; and from any liability (including liability for their negligence and the negligence of others) now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, death, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, miscarriage or any other illness or soreness that I may incur.
4. I also understand that pregnant women need a medical clearance before attending to Zumba classes or any fitness program.
5. I am fully aware and I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the classes. **In the event of any emergency**, I authorize medical attention from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. It must be noted that the absence of health insurance coverage does not make The Watchung Arts Center and/or the Zumba fitness instructor responsible for payment of any medical expenses.

I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

DATE

PARTICIPANT SIGNATURE

If participant is under age 18:

AS LEGAL GUARDIAN OF _____, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

DATE

SIGNATURE OF PARENTS/LEGAL GUARDIAN

PHONE NUMBER OF PARENTS/LEGAL GUARDIANS