

**AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**  
**ZUMBA® FITNESS CLASSES**

This agreement is by and between Shelly Parcell (herein referred to as the authorized ZUMBA® instructor) and \_\_\_\_\_ (herein referred to as the participant).

I, \_\_\_\_\_, hereby agree to the following:

1. I am participating in ZUMBA® Fitness Classes, offered by the authorized ZUMBA® instructor and during which I will receive information and instruction about ZUMBA®. I recognize that ZUMBA® requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the ZUMBA® Fitness Classes. I represent that I have consulted with a physician and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the ZUMBA® Fitness Classes.
3. In consideration of being permitted to participate in ZUMBA® Fitness Classes, 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 program.
4. In further consideration of being permitted to participate in ZUMBA® Fitness Classes, I knowingly voluntarily and expressly waive any claim I may have against the authorized ZUMBA® instructor or owners, managers, or Board of the facility used during the ZUMBA® Fitness Classes, for damages, and injury, including death, that I may sustain as a result of participating in ZUMBA® Fitness Classes.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue the Authorized ZUMBA® instructor or owners, managers, or Board of the facility used during the ZUMBA® Fitness Classes, for any injury or death caused by my voluntary participation in the ZUMBA® Fitness Classes.

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. This agreement remains in effect for as long as I participate in ZUMBA® Fitness Classes.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
(DATE)

Name: \_\_\_\_\_

**Please read and initial each of the following important items:**

\_\_\_\_\_ I understand that I hold the responsibility to consult with my doctor about my ability to perform this exercise.

\_\_\_\_\_ I understand not all exercise movements are good for every person. I will use my own judgment about what movements are appropriate for me.

\_\_\_\_\_ I will consider my own health issues and prepare myself appropriately to attend Zumba Fitness® classes. (i.e., eat appropriately before class to avoid dizziness or fainting, taking needed medications, wear proper clothing and footwear, bring a water bottle)

\_\_\_\_\_ I will inform my Zumba Instructor of conditions that may affect my ability to exercise, such as, but not limited to: diabetes, heart conditions, joint replacements, arthritis, dizzy spells, chronic conditions, etc.

\_\_\_\_\_ I understand that any information that I receive from my Zumba Instructor is intended as general education and is not a substitute for medical advice.

\_\_\_\_\_ I understand that a proper warm-up is important before exercise. If I am more than 10 minutes late for class, my instructor may refuse my participation in class for that day.

\_\_\_\_\_ I understand that given the nature of this class format, substitute teachers are unavailable and class may be canceled with little or no notice. Refunds are not issued but punch cards remain valid for future classes.

In the event of cancellation, please provide contact information.

Email address: \_\_\_\_\_

Text message capable phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
(individual phone calls may not be possible)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please share how you heard about these Zumba Gold® Classes:**

_____ Saw a flyer	_____ Zumba.com
_____ Heard from a friend	_____ Doctor/Therapist referral
_____ Free pass from a friend	_____ Other _____