



Name: _____ Date of Birth: _____

Address: _____
(street) (town) (state) (zip)

Email: _____ Phone: _____

Do you have any special needs/medical conditions? YES___ NO___

If Yes, Please Explain: _____

Emergency Contact: Name: _____ Telephone: _____

RELEASE OF LIABILITY

1. I am or will be participating in ZUMBA© classes, offered by Debra Fowler Clare through the Town of Mendon. 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© Classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the ZUMBA© Classes.
3. In consideration of being permitted to participate in ZUMBA© 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 ZUMBA© Classes.
4. In further consideration of being permitted to participate in ZUMBA© Classes, on behalf of myself and my representatives, successors, assigns and any person claiming by, under, through, or in concert with me, I knowingly, voluntarily, unconditionally, irrevocably and expressly give up, remise, waive, release, discharge and covenant to hold harmless Debra Fowler Clare and the Town of Mendon (including its past, present and future departments, boards, employees, officials, agencies, volunteers, representatives, successors, agents, and assigns) from and against any and all actions, claims, demands, damages, causes of action, liabilities, losses, costs (including attorney fees), and injuries of every kind and description, including death, in any way arising out of, in connection with, or incident to, my participation in ZUMBA© classes.
5. I have read the Release of Liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature

Date