



**ZUMBA © DANCE FITNESS PROGRAM
REGISTRATION AND PARTICIPATION WAIVER**

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

Are there any special needs/medical conditions? YES NO If Yes, Please Explain: _____

Who should we contact in case of emergency? _____ Telephone: _____

RELEASE OF LIABILITY

1. I am participating in ZUMBA© classes, offered by at CKC Dance Academy. 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 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 program.
4. In further consideration of being permitted to participate in ZUMBA© Classes, I knowingly, voluntarily and expressly waive any claim I may have against the owners, instructors, and assistants, individually or otherwise, of CKC Dance Academy, Inc. for damages, and injury, including death, that I may sustain as a result of participating in ZUMBA© classes.

Signature

Date

CKC Use:

- 1 Class per week – 5 weeks \$40.00
- 2 Classes per week – 5 weeks \$65.00
- 3 Classes per week – 5 weeks \$90.00

Special Offers/Discounts: _____

Date Paid: _____

Amount Paid: _____

Cash/Ck #: _____