



# Waiver Form

## Gathering Our Voices 2017

This agreement is by and between ZUMBA Fitness With Nicole, of Ashcroft, BC, and Nicole Archibald (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® 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. I hereby affirm that I am in sound physical condition and able to participate in a physical exercise program which may be rigorous at times. I recognize that participation in these programs of exercise is voluntary on my part, and that there are inherent risks which I hereby assume for myself, my heirs, and assigns

2. 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. I expressly waive, release and discharge, ZUMBA Fitness With Nicole with Nicole Archibald (herein referred to as the authorized ZUMBA® instructor), Independent Contractors, officers, directors, employees, substitutes, agents and successors, from any obligations, liabilities, claims, demands, costs, and expenses, including attorney fees, arising out of, or in connection with, any bodily injury, however caused, occurring during or after my participation in the exercise program, workshops, and certification programs.

3. In further consideration of being permitted to participate in ZUMBA® Classes, I knowingly, voluntarily and expressly waive any claim I may have against the authorized ZUMBA® instructor for damages, and injury, including death, that I may sustain as a result of participating in ZUMBA® classes.

4. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue the authorized ZUMBA® instructor for any injury or death caused by my voluntary participation in the ZUMBA® 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® classes.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

ZUMBA Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

If Participant is under 18:

As Legal Guardian of \_\_\_\_\_, I Consent To The Above Terms And Conditions.

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_