



## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

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

1. That I am participating in ZUMBA® fitness class offered by Michelle Coster or alternate instructor during which I will receive instruction on ZUMBA® fitness classes.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participating in ZUMBA® fitness classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in this class.

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 consideration of being permitted to participate in ZUMBA® fitness classes, I knowingly, voluntarily, and expressly waive any claim I may have against Michelle Coster or any ZUMBA® fitness instructor for injury or damages that I may sustain as a result of participating in the program.

5. I, my heirs or legal representatives forever release, waive, discharge, and covenant not to sue Michelle Coster or any associate/instructor of ZUMBA® fitness for any injury or death caused by their negligence or other acts.

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.

\_\_\_\_\_  
NAME OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT or GUARDIAN (if under 18yrs.)

\_\_\_\_\_  
Emergency Contact Name & Phone Number