

# ZUMBA POW WOW WAIVER OF LIABILITY RELEASE FORM AND REGISTRATION

**Please read carefully!**

I, \_\_\_\_\_, verify that I am at least eighteen (18) years of age and hereby agree to the following: That I am participating in Zumba POW WOW at the Little Sisters of the Poor, Jeanne Jugan Residence, San Pedro, CA. I recognize that this fitness activity requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Zumba POW WOW. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the Zumba POW WOW.

I hereby release, discharge, hold harmless and/or otherwise indemnify Little Sisters of the Poor, Ninon Pope, fitness instructor, its officials, employees, and associated volunteer personnel, against any claim by or on behalf of myself as a result of my participation in the Zumba POW WOW Program.

I fully understand the terms and conditions of this release of liability and assumption of risk agreement and sign it freely and voluntarily without any inducement.

In case of emergency, I agree to allow the above parties to call for emergency medical assistance and I am aware that I am financially responsible for any medical services.

(Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_  
\_\_\_\_\_ (Date) \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## **I am registering for (please check):**

- \$30.00 Suggested Pledge**

## **Circle one: Cash Check Credit**

**\*\* Please make all checks payable to Little Sisters of the Poor**