

Adult **ZUMBA** Fitness Class

Registration Form

Student's Name:

Cell Phone #:

TEL:

Home Address :

E-Mail:

Name of Person/Publication

Who Told You About the Class?:

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LIABILITY WAIVER AND RELEASE:

I attest, as a student, that I am physically fit to partake in Diana's Zumba class. I acknowledge that I am dancing at my own risk and by signing this waiver; I release Ms. Diana Clay & Famous Greek Kitchen, from all claims on account of any injury, which may be sustained during dance class. I further agree to allow the use of photographs and video images in which the participant may be seen without payment for publicity purposes related to dance classes and activities. I agree that all such images are the sole property of Diana Clay. I recognize that I am responsible for my personal possessions and will not hold Diana Clay, or Famous Greek Kitchen, responsible for any damage or theft.

_____ Date: ___/___/___

Student Signature