



**New Student Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever taken a Zumba Class before? \_\_\_\_\_

Please list any health issues or recent injuries: \_\_\_\_\_

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**Agreement and Release of Liability**

**Please Note that this Release/ Waiver Form covers liability for**

**Zumba with Caitlyn and Stanley Park in Westfield, Massachusetts**

I the undersigned, hereby expressly and affirmatively state that I wish to participate in the Stanley Park exercise class. I realize that my participation in this activity involves risks of injury, including but not limited to muscle strain, joint sprains, broken bones, slips, trips, falls, heart attack, stroke, and even the possibility of death. I also recognize that there are many other risks of injury including serious disabling injuries, which may arise due to my participation in this activity, and that it is not possible to specifically list each and every possible injury risk. However, knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risks of injury, and even the risk of death, which could occur by reason of my participation. I subjectively understand the risk of my participation in this activity, and knowing and appreciating these risks voluntarily choose to participate, assuming all risks of injury or even death due to my participation. I do hereby waive, release, and forever discharge all employees, representatives, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in this activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Participant)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Witness)



Instructor: Caitlyn Olearcek