

SPRQ STUDIO

STRENGTH, INTEGRITY & ENDURANCE THRU ZUMBA®!

NAME: _____

DOB: _____

Mailing Address: _____

CITY: _____ ZIP: _____

TELEPHONE: _____

EMAIL: _____ [] OPT out of Newsletters

Are there any special needs/medical conditions? YES NO

If Yes, Please Explain: _____

Who should we contact in case of emergency? _____

Telephone: _____



RELEASE OF LIABILITY

1. I am participating in ZUMBA® classes, offered by **SPRQ STUDIO** at **Alma-Lea's Dance Studio** in Lisbon, Maine. 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.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the ZUMBA® Classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the ZUMBA® Classes.
3. 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.
4. In further consideration of being permitted to participate in ZUMBA® Classes, I knowingly, voluntarily and expressly waive any claim I may have against the owners, instructors, and assistants, individually or otherwise, of the **SPRQ STUDIO** for damages, and injury, including death, that I may sustain as a result of participating in ZUMBA® classes.

Signature _____ Date _____

ZUMBA © DANCE FITNESS PROGRAM
REGISTRATION AND PARTICIPATION WAIVER

PO Box #1044, SABATTUS, ME 04280

207-754-9411 ~ WWW.SPRQSTUDIO.COM