



AGREEMENT OF RELEASE, ASSUMPTION OF RISK AND WAIVER OF LIABILITY + PAR-Q

I, _____, hereby agree to the following:

1. I am participating in ZUMBA® Fitness classes offered by a Zumba® instructor. I recognise that all ZUMBA® Fitness classes require physical exertion that may be strenuous and may cause physical injury, including death, 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 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 ZUMBA® Fitness classes:

1	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	Y	N
2	Do you feel pain in your chest when you do physical activity?	Y	N
3	In the past month, have you had chest pain when you were not doing physical activity?	Y	N
4	Do you lose your balance because of dizziness or do you ever lose consciousness?	Y	N
5	Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in physical activity?	Y	N
6	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	Y	N
7	Do you know of any other reason why you should not do physical activity?	Y	N
8	Do you or a member of your household have symptoms suggestive of COVID 19 (including persistent cough, fever or shortness of breath)?	Y	N
9	Do you or a member of your household have symptoms after being in contact with someone with a confirmed case of Covid-19?	Y	N

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), property damage or loss of any kind in which I may incur as a result of participating in ZUMBA® Fitness classes.

4. In further consideration of being permitted to participate in ZUMBA® Fitness classes, I knowingly, voluntarily and expressly waive any claim I may have against the authorised Zumba® Instructor(s) for any injuries or damages (known or unknown), property damage or loss of any kind, including death that I may sustain as a result of participating in any ZUMBA® Fitness class under the instruction of **Gloria Furlan**, at **Streatham Youth & Community Trust Centre** or under the instruction of **Gloria Furlan** at **any other venue/location (including online)**.

5. This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively "Release") of the authorised Zumba® Instructor(s) and the venue/location where ZUMBA® Fitness class is taught for any injury, death, property damage or loss of any kind caused by my voluntary participation in any ZUMBA® Fitness class. This Release, Waiver, Discharge and Covenant Not to Sue is made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, and legal representatives.

6. By signing this form, I acknowledge my agreement to the above Terms & Conditions, and that I may be videotaped, audio recorded and/or photographed during ZUMBA® Fitness classes, and that **Gloria Furlan** may use and modify the images and/or recordings for any and all uses, including but not limited to advertisements, marketing and educational purposes without any compensation and in perpetuity on the following but not limited to ZUMBA®, GZZ™ websites and in other social media platforms. Please let the instructor know if you have any concerns or if you wish to be exempted from this activity.

7. I have read the above release, waiver of liability and assumption of risk, fully understand its contents and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be the complete and unconditional release of all liability. I voluntarily agree to the terms and conditions stated above. This agreement remains in effect for as long as I participate in any Zumba® Fitness class under the instruction of **Gloria Furlan**.

8. I understand I must notify Gloria Furlan of any change in my circumstances – for instance, pregnancy, injury or the diagnosis of an illness.

Releasor/Participant Signature:		Date:
Name:	Email:	
	Phone:	
Address:		
Emergency name & telephone:		

