



Aqua ZUMBA

Auburn Parks & Recreation

Registration Form

SESSION 1 – JUNE 10 – 26 _____

SESSION 2 – JULY 8 – 24 _____

Name _____

Parent Name (if under 18) _____

Address _____

Phone # _____

Emergency Contact Name _____

Emergency Contact Phone # _____

Email Address _____

Please list any injuries or health conditions the instructor should be aware of:

Agreement of Release & Waiver of Liability

I, _____ hereby agree to the following: I am participating in Aqua Zumba fitness classes at the Auburn Parks & Recreation Community Pool. 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 or my child's participation in Aqua Zumba classes, health programs or other physical fitness activities. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the Aqua Zumba classes.

In consideration of being permitted to participate in classes at the Auburn Parks & Recreation facility I agree to assume full responsibility for any risks, injuries, or damages known or unknown which I may incur as a result of participating in the program. In further consideration of being permitted to participate in Aqua Zumba classes, I knowingly, voluntarily and expressly waive any claim I may have against the City of Auburn, Auburn Parks & Recreation Department, its employees or contracted teachers, for injury or damages that I may sustain as a result of participating in the Aqua Zumba Program.

I have read the above waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature _____ Date _____

Signature of Parent (if under 18) _____ Date _____