



WAIVER AND RELEASE
OF ALL CLAIMS



Please read this form carefully and be aware that when registering for Zumba Fitness you will be waiving and releasing all claims for injuries you might sustain from participating in Zumba Fitness class taught by Megan Hughes at Seton High School.

I recognize and acknowledge that there are certain risks of physical injury when participating in Zumba Fitness and I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity which I may sustain as a result of participating in any and all activities connected with or associated with Zumba Fitness.

I agree to waive and relinquish all claims I may have as a result of participating in Zumba Fitness against the fitness instructor **Megan Hughes, Seton High School & the Seton Dance Teams.**

I do hereby fully release **Megan Hughes, Seton High School & the Seton Dance Teams** from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me arising out of, connected with, or in any way associated with the activities from Zumba Fitness.

I further agree to indemnify and hold harmless and defend **Megan Hughes, Seton High School & the Seton Dance Teams** from any and all claims resulting from injuries, including death, damage and losses sustained by me and arising out of, connected with, or in any way associated with the activities of Zumba Fitness.

In the event of any emergency, I authorize medical attention from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. Therefore, each person registering themselves or family member should review their own health insurance policy for coverage. *It must be noted that the absence of health insurance coverage does not make the fitness instructor **Megan Hughes, Seton High School or the Seton Dance Teams** responsible for payment of any medical expenses.*

I understand, hereby acknowledge that I have read the waiver and release form and hereby agree to be bound by the terms of this waiver and release form.

I do certify that at the time of this class I am covered by an Insurance policy: yes no _____
Initial

Print Name _____ Address _____

Signature _____ Class Date _____