



**Zumba® Fitness With Rita  
Registration/Informed Consent  
and Liability Waiver Release Form**

**Name:**

**Date:**

**How did you hear about this class?**

**Liability Waiver**

I, \_\_\_\_\_, agree and consent to the following:

I am voluntarily participating in a Zumba® Fitness class led by Rita Aceves. I recognize that the program requires physical exertion that may be strenuous at times 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 participation in the above-mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program.

I agree to assume full responsibility for any risks, injuries, or damage known or unknown which I might incur as a result of participating in the program. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.

I knowingly, voluntarily, and expressly waive any claim I may have against Rita Aceves, The Dance Spot, its successors and/or assigns, its owner(s) and employees for injury or damages that I may sustain as a result of participating in the program. I, my heirs, or representatives forever release, waive, discharge, and covenant not to sue Rita Aceves, its successors and/or assigns, its owner(s) and employees for any injury or death caused by their negligence or other acts.

**Emergency Medical Assistance**

In the event I were to sustain an injury requiring emergency assistance, I authorize Rita Aceves to seek emergency medical assistance that, in instructors' sole discretion, may be necessary for me or (as applicable), and to arrange transportation to a medical facility. In that event, I agree to pay (or cause my insurance carrier to pay, if applicable) the costs associated with such emergency medical assistance. I hereby release Rita Aceves and its agents from, and agree to indemnify and hold them harmless against, all claims resulting from such emergency medical assistance, if provided to me or arranged for my benefit by Rita Aceves.

**Photo/Video Release**

I hereby authorize Rita Aceves to use my photographs/likeness for lawful and respectable purposes relating to Zumba®, including publicity, choreographic archives, and promotional materials.

**INITIAL HERE:** \_\_\_\_ Along with this, I agree to assume full responsibility for any injuries or damages, including property damage, by any child under the age of 18 which accompanies me to The Dance Spot for Zumba® Fitness classes with Rita Aceves, subs, or guest instructors. Rita Aceves is not responsible, in ANY level, for any child present at The Dance Spot.

**I HAVE CAREFULLY READ THE ABOVE REGISTRATION/INFORMED CONSENT AND LIABILITY WAIVER RELEASE AND FULLY UNDERSTAND ITS CONTENT AND SIGNIFICANCE. I AGREE TO ABIDE BY THE POLICIES AND RULES OF RITA ACEVES. I AM SIGNING BELOW VOLUNTARILY. IF I AM SIGNING FOR MY MINOR CHILD BELOW, I REPRESENT THAT I AM THE LAWFUL GUARDIAN OF SUCH CHILD, WITH AUTHORITY TO GRANT THE CONSENT REFLECTED BELOW.**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Legal Guardian Signature (if under 18) Date**