



WHDA FITNESS PROGRAM REGISTRATION FORM

Participant Name:	
Address:	
Home Phone:	
Cell Phone:	
E-mail:	
Desired Fitness Class/Location:	

Is there anything that you would like your instructor to be aware of? (i.e. a medical conditions, concerns, prior fitness class experience, etc).

All fees for all classes must be paid in full at the beginning of each class. The Windwood Hill Dance Academy, including its teachers and staff, will not be held responsible or liable for any personal injury; damaged, lost, or stolen property; or any other damages either to students or to their property.

I have read, understood, and agreed to the terms and conditions stated above.

Signature & Date

Windwood Hill Dance Academy
Mailing Address: 3206 Booth Rd Hallstead, PA 18822
Phone: 570-396-3822/570-278-2160
WWW.WindWoodHillDance.com

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. I am participating in ZUMBA classes, offered by the authorized ZUMBA instructor and during which I will receive information and instruction about ZUMBA. 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 that I have consulted with a physician 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 authorized ZUMBA instructor for damages, and injury, including death that I may sustain as a result of participating in ZUMBA classes.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue the authorized ZUMBA instructor for any injury or death caused by my voluntary participation in the ZUMBA classes.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. This agreement remains in effect for as long as I participate in ZUMBA classes.

PARTICIPANT'S SIGNATURE & DATE

If Participant is under 18:

As Legal Guardian of _____ I, Consent To The Above Terms
And Conditions.

NAME AND SIGNATURE OF LEGAL GUARDIAN & DATE

WINDWOOD HILL DANCE ACADEMY

FITNESS PROGRAM

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. I am participating in Fitness classes, offered by WHDA. I recognize that these classes require 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 any WHDA Fitness Classes. I represent that I have consulted with a physician and warrant that I am physically fit and I have no medical condition that would prevent my full participation in any WHDA Fitness Classes.
3. In consideration of being permitted to participate in the WHDA Fitness Program, 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 the WHDA Fitness Program, I knowingly, voluntarily and expressly waive any claim I may have against the instructor for damages and/or injury that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue the instructor for any injury or death caused by my voluntary participation in the WHDA Fitness Program.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. This agreement remains in effect for as long as I participate in any WHDA Fitness Program.

PARTICIPANT'S SIGNATURE & DATE

If Participant is under 18:

As Legal Guardian of _____ I, Consent To The Above Terms And Conditions.

NAME AND SIGNATURE OF LEGAL GUARDIAN & DATE

Susquehanna Location The Windwood Hill Dance Academy Montrose Location

1304 Main St.

96 High St

Susquehanna PA 18847

Montrose PA 18801

Mailing Address: 3206 Booth Road, Hallstead, PA 18822

(570) 278-2160 or (570) 396-3822