



with YVONNE BURKART
at the Independence Senior & Community Center
2001 Jack Woods Parkway

WEDNESDAYS
February 17th to March 16th
6:30 to 7:30 PM
Cost is \$28 for the five week session
or
Drop in rate of \$7 per class

Class description: Ditch the workout, join the party! The Zumba program fused hypnotic Latin rhythms and easy-to-follow dance moves to create a one-of-a-kind fitness program. The routines feature interval training sessions where fast and slow rhythms and resistance training are combined to tone and sculpt your body while burning fat. Add some Latin flavor and international zest into the mix and you've got a Zumba class! Zumba is suitable for most fitness levels and ages. No dance experience is necessary. Men and women are welcome. Space is limited to 40 people. No Refunds

Name _____

Address _____

Phone _____ Email _____

Make checks payable to the City of Independence. Mail signed waiver, registration form and payment to the City of Independence, 5409 Madison Pike, Independence, KY 41051. For credit card payments call 859-356-5302. Questions on class availability may be directed to Nita Brake at 859-363-2934.

Informed Consent and Liability Waiver Release for Participation in Exercise Program

I, _____, agree and consent to the following:

I am voluntarily participating in exercise/fitness program conducted by Yvonne Burkart and/or the City of Independence. 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 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 tears, muscle pulls, 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 Yvonne Burkart or the City of Independence for injury or damages that I may sustain as a result from participating in the program.

WHEREAS, the City of Independence owns various parcels of improved and unimproved real estate in the City, that are made available to the public for recreational purposes, including, without limitation, parcels known and identified as Independence Senior & Community Center, Memorial Park, Sterling Staggs Park, Glenhurst Park, Independence Park and Marion Schadler Park;

WHEREAS, the City provides equipment and facilities upon the afore-described parcels of real estate, for the use of the general public; and it also organizes and conducts various activities both within and outside of the city including without limitation transportation to and from such activities in which the number of participants is limited; and

WHEREAS, the undersigned wants to use the afore-described real estate, facilities and equipment, and participate in some of the afore-described activities organized and conducted by the City, and this Release of All Claims is a requirement of the City therefore;

NOW THEREFORE, in consideration of the use by the undersigned of the afore-described real estate, equipment and facilities and the participation by the undersigned in an activity organized and conducted thereon by the City, the undersigned, for himself or herself and his or her executors administrators, heirs, successors and assigns, hereby releases, acquits and forever discharges the City of Independence, and all of the officers, agents, successors and assigns thereof, from each, every, any and all personal injuries, property damage, costs, expenses, losses, compensation and all other damages of every kind and nature, and all claims and causes of action therefore, at law, or in equity, including, without limitation, claims of third parties for indemnification and/or contribution, which may accrue to the undersigned, his or her executors, administrators, heirs, successors and assigns, through any act, omission, event or occurrence which in any way related to the use of the afore-described real estate, facilities and equipment by the undersigned and /or his or her participation in any activity organized and conducted thereon by the City.

I, my heirs, or representatives forever release, waive, discharge, and covenant not to sue Yvonne Burkart or the City of Independence for any injury or death caused by their negligence or other acts.

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

Signature of Participant

Date

Note: If participant is not 18 years of age, he/she must have the consent of a parent or guardian who will read, understand and agree to the above terms. The parent or guardian must then sign and assume responsibility for the above terms.

I, _____, as parent or legal guardian of the above participant, hereby understand, agree to, and assume responsibility for the above terms.

Signature of parent or legal guardian

Date

Participants E-mail address: _____