

VINTON PARKS & RECREATION DEPARTMENT'S



ZUMBA®

with **KATRINA REED**

FITNESS

Zumba® is a Latin-inspired, cardio-sculpt dance-fitness class. It is an amazingly user-friendly, calorie-burning workout!

Class Information:

16 is minimum class size needed

Tuesdays & Thursdays

May 1st – May 24th

6:30 PM – 7:30 PM

Vinton Skate & Activity Center

\$35 for the class and pre-registration is required

**Registration forms available at the Vinton Recreation Center
or online at www.vprdzone.com**





We build community through our People, Parks & Programs.

701 East A Street, Vinton, IA 52349

MAY 2012 REGISTRATION FORM & LIABILITY WAIVER

Vinton Parks & Recreation Department's ZUMBA Fitness Class

Tuesdays & Thursdays

May 1st, 3rd, 8th, 10th, 15th, 17th, 22nd, 24th

6:30 PM – 7:30 PM

Vinton Skate & Activity Center 1703 C Avenue, Vinton

Cost: \$35.00 for class

Please register by Sunday, April 29th at the VPRD office or by mail

Participant's Name: _____ Male or Female Age (if under 18): _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Alt Phone #: _____ Email: _____

Parent/Guardian's Name (only if participant is under 18): _____

I understand and agree to the following:

- 1. That it is my responsibility to consult with a physician prior to participating in any fitness program or service offered by the Vinton Parks and Recreation Department (VPRD). I represent and certify that I am physically fit and have no medical conditions which would prevent my full participation in intense physical activities.
2. That the activities and exercises offered by VPRD require rigorous and strenuous physical exertion and may cause physical injury and I am fully aware of the risks and hazards involved.
3. That the trainers, instructors, and personnel of VPRD are not licensed physicians and no representation will be given that is to be construed as medical opinion, advice or recommendations.
4. That I am assuming full responsibility for any risks, injuries, or damages, known or unknown, which I may incur as a result of participation in any fitness program or service offered by VPRD, including any and all injuries or damages that may result from any act of omission, negligence, or otherwise by VPRD personnel, instructors, trainers, facility owners, facility representatives, and those otherwise affiliated with VPRD. I knowingly, voluntarily and expressly waive any and all claims I may have for injury or damages that may be sustained as a result of my participation in this program or service.
5. If the participant is under the age of 18, their parent or legal guardian must provide a signature instead of their minor attesting that they have read, understand and assume the risks and responsibilities set forth in the aforementioned paragraphs 1, 2, 3 and 4.

I HEREBY AFFIRM THAT I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED IN THE LIABILITY WAIVER AND INFORMED CONSENT.

Signature of Participant: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

(required only for participants under the age of 18)