



# ZUMBA<sup>®</sup> FITNESS

Sponsored by Portland Recreation

**Available Sessions: Sept 13 – Dec 22**  
(daily/weekly attendance not required, attend when available)

**City Hall – 2<sup>nd</sup> floor (9:15am)**

- Tuesdays – Zumba Gold
- Wednesdays – Zumba
- Thursdays – Zumba Gold

**Portland Middle School Cafeteria (2:45pm)**

- Tuesdays - Zumba
- Thursdays - Zumba

**Oakwood Cafeteria (7:00pm)**

- Wednesdays – Zumba

~~Instruction led by licensed instructors **RENEE SANDBORN & BECKI KRIEGER**~~  
For registration questions please contact Neil Brown at the Recreation Office at 517.647.3207

**All sessions open to beginners, experienced, teens, seniors, and anyone who just wants to workout and have fun**

**Completed registration forms with payment can be returned to City Hall, 259 Kent St OR to the instructor at your first session**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

I live in the City: Yes or No      If no, I live in the township of: \_\_\_\_\_

Email \_\_\_\_\_

	<u>Adults (18 &amp; older)</u>	<u>Students (high/middle school)</u>
Amount enclosed ( <b>Check One</b> ):	___\$7/single session	___\$3/single session
	___\$50/10-session punch card	___\$20/10-session punch card

I hereby, for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the City of Portland, their respective agents or any facility used for this recreational program, for any and all injuries which may be suffered by my dependents in connection with my participation in said program. I further represent that I carry medical-hospital insurance and I understand that the City does not provide such insurance coverage for me. Photographs & videos may be taken at certain Parks and Recreation Department activities and unless The Parks and Recreation office receives written signed obligation, photos may be reproduced in department publications.

Signature (Parent, if participant under 18) \_\_\_\_\_

Please print your name: \_\_\_\_\_

All participants **MUST** complete Zumba Liability Waiver on reverse  
Participants under the age of 18 **MUST** also have a parent/guardian signature





# ZUMBA<sup>®</sup>

FITNESS

## Liability Waiver – Zumba Fitness

Participation in any Physical Fitness, Exercise or Weight Training class may involve injury of some type to either yourself or a fellow student. Such injury can include direct physical and possible crippling injury to one's body and the possibility of emotional injury experienced as a result of witnessing or actually accidentally inflicting injury to another. The severity of such injury can range from a minor injury to complete paralysis, or even death. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living and generally to enjoy life.

Injuries in a Physical Fitness, Exercise or Weight Training class can occur and you are encouraged to have a complete physical examination prior to attending class if you have any health problems or considerations due to injury, illness or age or a history of heart disease or high blood pressure, respiratory problems, skeletal or muscular injuries or ailments or are 30 lbs or more over your recommended weight based on a standard weight chart. Risks that may be encountered may include cardiac or respiratory distress; bone or joint injuries; back or muscle injury; slipping, tripping or falling; lifting, twisting, straining, spraining or breaking an appendage; or other trauma or injury. Injuries may result from the correct or incorrect performance of techniques or equipment used in class, from misfitted or worn equipment, from the administration of first aid, from failing to follow training, safety or other rules. This list is non-exhaustive and is provided by way of illustration of risks or injuries that may be incurred.

The purpose of this WARNING is to bring your attention to the existence of potential dangers associated with participation in this class and to aid you in making a voluntary and informed decision as to whether you (or your child or ward) should participate in this class or activity. As a student or a parent/guardian of a student, it is your responsibility to learn about and/or to inquire of teachers, physicians, attorneys or other knowledgeable persons about any concerns that you might have at any time regarding student safety and the safety of this class or club activity. You may seek legal counsel before signing this form. If you decide to participate, by your signature you hereby agree to indemnify and hold harmless Renee M. Sandborn//Becki Krieger/City of Portland including its officers, employees and agents against any/all claims, damages, demands, liabilities and costs incurred including attorney's fees, which might be made by the undersigned or any third party as a result of damage, injury or death suffered. This agreement shall be binding upon the heirs, successors and assigns of the undersigned. I understand and acknowledge that signing this agreement severely limits my legal rights and as such, I have been encouraged to see legal counsel before signing.

**STUDENT: I HEREBY ACKNOWLEDGE THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION AND WARNING OF RISKS and that I voluntarily choose to participate and that I intend to learn and follow all safety procedures. I understand and acknowledge that I have been encouraged to seek legal counsel before signing this document and that by signing this form I am severely limiting my legal rights. A complete copy of this form will be provided to me upon request.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

PARENT/LEGAL GURDIAN (if student is under 18 years of age): I have read the above WARNING and I understand that this class may potentially involve the RISK OF INJURY OR DEATH and that by permitting my child/ward to participate in this class they may be subject to the possibility of injury or death. I acknowledge that I do understand the contents of this form and I voluntarily choose to permit my child/ward to participate and by my signature do hereby release, indemnify and hold the college, its officers, employees and agents harmless from any claims, damages, demands, liabilities and costs incurred including attorneys fees. I understand and acknowledge that I have been encouraged to seek legal counsel before signing this document and that by signing this form I am severely limiting my legal rights. A complete copy of this form will be provided to me upon request.

**(Parent/Guardian Signature)** \_\_\_\_\_ **Date** \_\_\_\_\_