ZUMBA REGISTRATION AND WAIVER FORM

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| NAME:  STAFF/STUDENT GENDER:  DEPARTEMENT SPORT:  EMAIL: WORK/CELL: |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_request enrollment in the Zumba competition to be held at the UWI SPEC indoor facility. This class contains strenuous physical activity including, but not limited to, aerobic exercise, and stretching for flexibility. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in this exercise class.

I fully understand that, although the risk of injury is low, I may injure myself as a result of my participation including, but not limited to, heart attack, muscle strains, pulls, or tears, joint injury, lower back, foot injuries, and any other illness, soreness, or injury however caused occurring during or after my participation in the exercise class.

During class, I agree to limit my activity to a level that is comfortable to me and stop all activity if I feel uncomfortable. I will notify the class instructor if the class causes any discomfort to myself.

I understand that all forms of exercise involve some risk of injury.

I certify I will inform my treating physician about this class, discuss the risks and benefits of the class with my physician, and obtain the approval of my physician to participate. I agree to keep my physician informed of the effects of this class on my body. I understand that without permission from my treating physician, I should not participate in this or any exercise program. I also understand that there is no requirement to perform all of the class exercises and that I can stop participating in this class at any time.

I, on behalf of myself and my heirs hereby:

1. Acknowledged that (i) I have read this document, (ii) I have inspected the UWI SPEC facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
2. Release the University of the West Indies, UWI SPEC, its director, coordinators, employees and facility attendants from all liability to me for any loss or damage to property or injury or death to person, whether caused by UWI SPEC or otherwise.
3. I agree not to sue UWI SPEC or the University of the West Indies for any loss, damage, injury or death described above and I will indemnify and hold harmless UWI SPEC or its’ employees and each of them from any loss, liability, damage or cost they may incur, due to my presence at the location; whether caused by the negligence of UWI SPEC or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of UWI SPEC or otherwise.
5. PHOTO RELEASE: I give my permission to UWI SPEC to use pictures of me or other likeness in any of UWI SPEC general publicity and campaign materials.

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Signature of participant Date

I affirm that I am exercising with my physician’s approval regarding this program and have read and fully understand the above agreement.

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Signature of participant Date