healthy women
MIND. BODY. SPIRIT.

A to Z Zumba

Waiver Terms and Conditions

I desire to voluntarily participate and engage in a group fitness workout under the direction of an instructor, which will include, but may not be limited to, cardiovascular exercise and/or stretching to improve overall fitness. I understand that it is my responsibility to modify any movements to fit my limitations, if any, and level of health conditioning. I understand that it is my responsibility to consult with a physician prior to and about my participation in the exercise class. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the exercise class. I understand that I am solely responsible for monitoring my own health condition before, during, and after my workout, and I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include, but are not limited to, abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and in rare instances, death. Should any unusual symptoms occur, I understand that I am responsible for ceasing my participation and informing the staff.

I acknowledge that no one under the age of 13 is permitted to participate in the workout.

I acknowledge and agree that no warranties or representations have been made to me regarding the results that I will achieve from this workout as the results are individual and vary.

I understand that the fitness instructor is not an employee of Kettering Health Network.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns to:

1. Waive, release, and discharge from any and all liability the exercise instructor and Kettering Health Network, its employees, students, agents, and volunteers for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me; and
2. Indemnify and hold harmless the exercise instructor and Kettering Health Network, its employees, students, agents, and volunteers, from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity.

Therefore, as a condition to my participation in this exercise program, I have freely signed and accept the terms of this waiver.

Print name	Signature	Date of Birth	Zip Code
Family Member/Guardian	Signature	Date of Birth	Zip Code

Date

KETTERING Health Network

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