

**INDIGO RUN
PROPERTY OWNERS' ASSOCIATION, INC.**

REGISTRATION FORM FOR ZUMBA

NAME: _____ TELEPHONE: _____

ADDRESS: _____

CLASS: ZUMBA CLASS FROM 7/12 THRU 8/2

TIME: 3PM - 4PM

INSTRUCTOR: Elizabeth MacGrogan

HEALTH & FITNESS INFORMATION

1. _____ I HAVE NO PHYSICAL LIMITATIONS.
2. _____ I HAVE PHYSICAL LIMITATIONS AND AM UNDER A PHYSICIAN'S CARE.

IMPORTANT: IF YOU HAVE CHECKED ITEM #2, YOU MUST OBTAIN WRITTEN CONSENT FROM YOUR PHYSICIAN BEFORE BEGINNING THIS ACTIVITY.

WAIVER FOR PARTICIPANT

Participant is aware and cognizant of the risks of physical injury associated with participation in this program and it is understood and agreed that all activity, including the use of any provided equipment, notwithstanding any consultation or instruction, shall be at the Participant's sole risk. The IRPPOA shall not be liable to the Participant's person or property arising out of or in connection with the Participant's use of the services and facilities or the premises where the same are located, and the Participant waives any right the Participant or their successors may have to bring a legal action against IRPOA, its employees and agents. Participant hereby indemnifies and holds the IRPOA, its employees and agents, harmless from all claims that may be brought against them by the Participant or on the Participant's behalf, in the event of an injury. Participant does hereby give permission and consent to authorize such first aid and/or medical and/or hospital care as may be deemed appropriate, and any and all additional expenses incurred shall be borne and assumed by the Participant. Participant certifies that he/she has no physical condition or disability that would make participation in this program in any way dangerous to his/her health.

PARTICIPANT SIGNATURE

DATE