



WAIVER AND RELEASE
OF ALL CLAIMS

Please read this form carefully and be aware that when registering for Aqua Zumba Fitness you will be waiving and releasing all claims for injuries you might sustain from participating in Aqua Zumba Fitness class taught by Dawn Miller at Middlebury Community Schools.

I recognize and acknowledge that there are certain risks of physical injury when participating in Aqua Zumba Fitness and I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity which I may sustain as a result of participating in any and all activities connected with or associated with Aqua Zumba Fitness.

I agree to waive and relinquish all claims I may have as a result of participating in Aqua Zumba Fitness against the fitness instructor **Dawn Miller and/or Middlebury Community Schools**.

I do hereby fully release **Dawn Miller and/or Middlebury Community Schools** from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me arising out of, connected with, or in any way associated with the activities from Aqua Zumba Fitness.

I further agree to indemnify and hold harmless and defend **Dawn Miller and/or Middlebury Community Schools** from any and all claims resulting from injuries, including death, damage and losses sustained by me and arising out of, connected with, or in any way associated with the activities of Aqua Zumba Fitness.

In the event of any emergency, I authorize medical attention from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. Therefore, each person registering themselves or family member should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the fitness instructor **Dawn Miller and/or Middlebury Community Schools** responsible for payment of any medical expenses.

I understand, hereby acknowledge that I have read the waiver and release form and hereby agree to be bound by the terms of this waiver and release form.

I do certify that at the time of this class I am covered by an Insurance policy: yes no _____
Initial

Print Name

Address

Signature

Class Date