



With Marlyn Cassone

Certified in

Zumba basics I and II, Zumbatomic, Zumba toning
CPR / AED certified

Tuesday, Thursday
8:30am - 9:30am

Regular Fees

\$17/class or \$150/ 10 class card

Bendheim Western Greenwich Civic Center
449 Pemberwick Rd, Greenwich, CT

Email: poodledoodle7@aol.com

Phone 203-561-3404

Cash or checks payable in class to:
Z Fusion Fitness

ZUMBA REGISTRATION FORM

NAME: _____ DATE: _____

Telephone # _____

Medical History:

Please list any medical issues that you have had in the last 5 years

It is important to consult with your Doctor before starting any fitness class.

Zumba Class Release/Waiver:

NOTICE: It is wise to seek your doctor's advice before beginning any Health/fitness/nutrition program!

I, _____
desire to participate in the Zumba offered by Marlyn Cassone. I am aware that participating in Zumba involves strenuous physical activity.

The undersigned hereby acknowledge that the following was explained to me and/or agree to the following:

1. Acknowledges that Marlyn Cassone is not a physician and is not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.
2. Acknowledges that training is another tool for teaching athletes/individuals about themselves, but that Zumba does not guarantee neither good nor bad will occur nor guarantees the training advice given by Zumba will produce good nor bad results.
3. Acknowledges that the undersigned has been told if they feel tired, feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once.
4. Acknowledges that Zumba, aerobic classes, kick boxing, running, weight training, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. That the undersigned assumes the risks of participating in these types of events/activities including the elements of a natural environment, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind for the undersigned participating in said Zumba class and/or training for said sporting events.
5. Acknowledges that there are no refunds for missed classes.

By submitting this form, I agree to all Terms and Conditions listed above:

Print Name _____

Signature: _____ Date: _____