Zumba with Aleasha Brown 2012 Waiver

WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

Warning—read carefully! By signing this agreement, you give up all rights to sue.

I, the undersigned, in consideration of my being permitted to participate in the Zumba Class taught by Aleasha Brown at Spring Lake Recreation Center (hereinafter referred to collectively as "Zumba with Aleasha") hereby for myself, my heirs, executors, administrators and assigns, release and forever discharge Zumba with Aleasha Brown, her officials, and representatives, as well as from any lawsuits, actions, claims or demands by reason of any damage, loss, death or injury to myself or to my property arising from my participation in Zumba with Aleasha Brown, not withstanding that the same may have contributed to or occasioned by the negligence of Zumba with Aleasha Brown.

I agree to save harmless and indemnify Zumba with Aleasha Brown from and against all lawsuits, claims, actions, cost or legal fees, expenses (on a solicitor and his own client basis) which may be incurred in defending any lawsuit or claim I may bring against, in respect to my death, injury, loss or damage to myself or my property howsoever caused arising out of or in connections with the tours and whether the same may have been constituted to or occasioned by the negligence of Zumba with Aleasha Brown.

I understand and agree that I will at all times follow directions as may be given to me from time to time by Zumba with Aleasha Brown.

I am aware that Zumba with Aleasha Brown will consist of activities that may cause me injury. I agree to assume all risk and hazards, and further agree to bear all costs or rescue or medical attention rendered to me personally arising from the events.

I understand that 1) this event is not on contract time 2) participation is not required and 3) Spring Lake Recreation Center does not derive any benefit from this activity therefore any claims of workman's compensation would not apply if an injury occurs.

I confirm that I am physically and mentally fit to participate in Zumba with Aleasha Brown.

I confirm that I am eighteen years of age or older. (If younger than 18, must have parent or guardian read and sign this document.)

I HAVE READ THIS RELEASE AND NOW INDICATE THAT I DO UNDERSTAND IT AND OF MY OWN FREE WILL AND NOT ACTING UNDER DURESS I INDEMNIFY AND ACCEPT THE TERMS OF THIS AGREEMENT.

TODAY'S DATE: _____

YOUR NAME: _____

FIRST MIDDLE INITIAL LAST

EMAIL ADDRESS: _____

_____ _____

PRINT NAME **SIGNATURE**

_____ _____

DATE **WITNESS**