

CON-SABOR-CUBANO, DANCE & FITNESS

3550 San Pablo Dam Road, Ste. F, El Sobrante, CA 94803, Tel: 510-222-6300

www.con-sabor-cubano.com

Date of application _____ Name _____

DOB: _____ Refer by: _____

Parent/Guardian if under 18 _____

Address: _____

City _____ State _____ Zip Code _____

Email _____ Best Contact Phone# _____

Emergency Contact Person & Phone # _____

Current Health Problems or Concerns _____

How did you hear about us?

Do you have a fitness goal?

Release and Waiver

I, the undersigned applicant and co-signers (if any) do hereby agree to release and hold forever harmless the instructors, instructors students assistance, volunteer, students agents and all other participants of these classes from any and all claims, damages and liability, of any sort, which I or co-signors (if any) may have or have in the future because of injury or other damage I may have received as a student, participant, in the practice of Zumba, Salsa Cubana or other types of fitness classes. I acknowledge that I have been advised by the instructors of the risk of injury and danger. I represent I that I am physically fit, and have no disability or illness which could be detrimental or myself or others. I and my co-signors (if any) hereby voluntarily and knowingly agree to assume the result and consequences of those risks and hereby indemnify, hold harmless, release, and forever discharge Michel Rodriguez, Heidi Janeiro, staff students, volunteer, instructors and landlord from all claims related to those risks.

I represent and certify that I am over 18 years of age, or if I am under 18 years of age, that I have permission of my parents/guardians to participate in the stated activities, and that they have full knowledge thereof.

I understand and agree that the instructor or anyone authorized to act in the instructor's stead has the right to terminate my participation for any infraction of safety, willful disobedience, or disrespect or for any conduct deemed detrimental to or inconsistent with the principles of our classes. I further understand and agree that if I suffer any injury or experience pain or discomfort during the course of my training that it is my responsibility to cease activity and bring that circumstance to the attention of the instructor.

I and my co-signors (if any) have read and understood the foregoing assumption of risk and injury waiver and intend to be legally bound thereby.

Applicant Signature _____ Date _____