

**Crash Zumba Participant Enrollment Form 2014**

*(Please complete one FREE form for each participant.)*

---

**Participant Information**

Name \_\_\_\_\_ Today's date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Would you be willing to volunteer?  Yes  No In what capacity?  Instructor  Events  Other \_\_\_\_\_

---

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred name or nickname \_\_\_\_\_

Gender  Male  Female Shoe Size \_\_\_\_ Shirt Size \_\_\_\_ Short Size \_\_\_\_ Weight \_\_\_\_ Height \_\_\_\_

Primary Language Spoken at Home \_\_\_\_\_ Secondary Language Spoken at Home (if any) \_\_\_\_\_

Have you participated in a *Crash Zumba* program before?  Yes  No

---

**Waiver**

*I agree to the following: 1) Give permission to the Crash zumba program to collect and record data, including Body Mass Index (BMI) weight and height and waist/neck circumference, about myself with the understanding that all information obtained will remain private, and that any responses publicly reported will be grouped together with other participants of this program and that I will not be individually linked to his/her response. Only the staff approved by the Crash Zumba will be able to view his/her responses. 2) Authorize release of data and information collected. I hereby certify that the statements in this application are correct and true.*

---

Participant Name (Print)

Participant Signature

Date

## Release/Waiver/Indemnity Agreement

I, the undersigned, understand that participation in the Crash Zumba involves certain inherent risks of injury, despite all safety precautions taken by the Crash Zumba and operators. Therefore, I will assume all risks, injury or illness, that may occur during the participation in any activities or use of facilities associated with the Crash Zumba program. In the event that I need medical treatment due to accident or injury or natural causes while registered and participating in the Crash Zumba program, I authorize the Crash Zumba staff and operators to take whatever action is necessary to care for myself. I hereby give permission for the Crash Zumba staff and operators to use their best judgment in arranging for my emergency medical treatment to the best of their ability. I certify that I am fully covered by medical insurance and that I am fully responsible for all costs incurred due to medical or dental treatment as deemed necessary by the Crash Zumba program staff and operators.

By signing this form, I acknowledge that I am aware of the potential risks of participation in any activities or use of facilities associated with the Crash Zumba program, and in no way hold the Crash Zumba program, its respective parent, its subsidiaries or affiliates, or their respective management, agents, employees, directors, officers, agents, volunteers or the facility or its operators, coaches, officials, or advertisers, (Individually and Collectively, the "Released Parties"), liable for any injury that I may sustain. **I, FOR MYSELF DO FURTHER RELEASE, ABSOLVE, INDEMNIFY, AND HOLD THE RELEASED PARTIES HARMLESS AGAINST ANY CLAIMS OF INJURY OR DEATH TO MY SELF IN CONNECTION WITH ANY AND ALL OF THE ACTIVITIES MENTIONED.**

**I HAVE READ, AND I UNDERSTAND, AND I VOLUNTARILY SIGN THIS MEDICAL RELEASE/WAIVER/INDEMNITY AGREEMENT.**

---

Participant Name (Print)

Date

---

Participant Signature

Date

---

## Model Release and Authorization to Video/Photograph

I hereby grant a license to the Crash Zumba program, and their agents, including any advertising agencies, to use and to license others to use my name, recorded voice, image, picture or likeness in any live or recorded audio, video or photographic display or other transmission for purposes of promotion and publicity in connection with the Crash Zumba program and any future Crash Zumba events or programs.

**I HAVE READ, AND I UNDERSTAND, AND I VOLUNTARILY SIGN THIS MODEL RELEASE AND AUTHORIZATION TO VIDEO/PHOTOGRAPH.**

---

Participant Name (Print)

Date

---

Participant Signature

Date

---

