McComb Recreation Department
Zumba Class
FEE: $35.00 per month
Initial Sign Up FEE: $10.00
2015 Dates will vary
Class Time: 6:45 PM-7:45 PM

_____ _____
(Participant) Last Name First

Birth date:_____ Telephone :_____

Do you have health insurance: Y___ N___ (Name of Insurance)_____

Address:_____

_____
List any medical problems that may limit physical activity.

_____
Person to notify in case of emergency. Phone No.

Email Address: _____

RELEASE OF LIABILITY

In consideration of _____ participation in the McComb Recreation Department's, Zumba Class. I intending to be legally bound, hereby, waive, and decline any and all rights and claims for damages I may have against the McComb Recreation Department, City of McComb, sponsors, and their representatives, successors and assigns for any and all injuries suffered by myself during the duration of the exercise class. I attest and verify that I am physically fit and have sufficiently trained for the competition involved in this program. I also acknowledge that this class is a rigorous activity and that participation may result in the participant being seriously injured. I understand that my photo may be used for future promotion of the McComb Recreation Dept./City of McComb.

I hereby authorize McComb Recreation Department's instructor to act for me according to their judgment in an emergency requiring medical attention.

I HAVE READ AND UNDERSTAND THIS RELEASE.

_____ _____
Participant's Signature Date

_____ _____
If under 18, Parent or Guardian Signature Date

For Official Use

Initial
Fee Paid_____ **Receipt #**_____ **Date**_____ **Verified By**_____

Fee Paid_____ **Receipt #**_____ **Date**_____ **Verified By**_____