



**IGM Gymnastics**  
 14306 Southcross Dr W, #120  
 Burnsville, MN 55306  
 952-898-3889  
 www.igmgymnastics.com

## 2010/2011 ZUMBA Registration Form

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

Age \_\_\_\_\_ Male or Female \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Class Name: **ZUMBA** \_\_\_\_\_ Day(s) \_\_\_\_\_ Time \_\_\_\_\_



**NOTE:** We do not give refunds or credits for missed or dropped classes. Make-up classes must be done within the current session.

**RELEASE FORM**

In consideration of IGM Gymnastics (International Gymnastics of Minnesota) accepting myself into participation and training in gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury, I agree to assume responsibility for all risks, cost or losses sustained by myself in connection with participation in classes, lessons or meets.

I give my permission to IGM Gymnastics and/or appropriate medical facility to make whatever emergency (first aide, disaster evacuation, etc...) measures as judged necessary for the care and protection of myself while under supervision of IGM Gymnastics in case of emergency, I understand that I will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. I will be transported at my expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before my emergency contact, physician and/or other acting on behalf of myself can be reached.

**WARNING! CASTASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE ACTIVITY**

Further, I hereby release and agree to hold harmless and to indemnify IGM Gymnastics employees, owners or volunteer from any claims, losses or expenses incurred or on the behalf of me.

**Media Consent and Release.**

IGM Gymnastics, LLC, occasionally gathers media content in relation to its Activities for news or promotional publications such as newspapers, newsletters, website, brochures, and online or print ads. I understand that the Activity and its participants may be photographed or videotaped by personnel authorized by IGM Gymnastics, LLC, and those materials may be used for promotional purposes. I hereby grant permission to IGM Gymnastics, LLC, to use myself's photograph or likeness in any advertising or promotional publications. I also grant IGM Gymnastics, LLC, the right to edit, use and reuse said media including use in print, on the internet, and all other forms of media. I also hereby release IGM Gymnastics, LLC, its agents, and employees from all claims, demands, and liabilities whatsoever in connection with the above.

\_\_\_\_\_  
 Participant's Signature

\_\_\_\_\_  
 Date