



2012 - 2013 Zumba Fitness Registration Form

IGM Gymnastics • 14305 Southcross Drive W. Suite 120 • Burnsville, MN 55306
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Last Name: _____ First Name _____

Age: _____ Male or Female Birth Date: ___/___/___

Email Address: (Required) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Health Insurance Company: _____ Policy Number: _____

Physician _____ Physician Phone #: _____

Medical Conditions/Allergies _____

Emergency Contact Name _____ Phone # _____

Class Day(s) _____ Class Time(s) _____

How did you originally hear about us? Drive by Internet/Website _____ Flyer E-Newsletter
 Friend _____ Returning Customer IGM Event _____ Other _____

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

Waiver/Release:

I _____ (Zumba participant) understand and accept the potential severe injuries, including permanent paralysis or death which can occur during Zumba lessons or activities involving height or motion. Being fully aware of these dangers, I voluntarily ACCEPT ALL RISKS associated with that participation. I hereby AGREE NOT TO SUE and FOREVER RELEASE IGM Gymnastics, its officers, directors, shareholders, employees and agents from all liability for any and all damages or injuries suffered by myself while under the instruction, supervision, or control of IGM Gymnastics including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

In case of medical emergency, I understand that I may be transported to an appropriate medical facility by a local emergency unit for treatment. I will be treated and transported at the expense of myself or my health insurance. I understand that in some medical situations, IGM's staff will need to contact the local emergency resources prior to notifying my emergency contact, physician, or other adult acting on my behalf.

By your attending this class, you are granting your permission for you to be filmed, videotaped, audio taped or photographed by any means and are granting full use for marketing purposes of your likeness, voice and words without compensation.

I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY and MEDICAL AUTHORIZATION. I have VOLUNTARILY affixed my name in agreement and agree to all terms listed above.

Participant's Signature _____ Date _____

Participant's Printed Name _____

For Office Use Only: CC _____ SD _____ DM _____ ZZZ-Drop Date: ___/___/___ START DATE: _____

Total: \$ _____ by _____ Payment Date: _____ Taken By: _____