



URBAN ELEMENTS WELLNESS STUDIO
Student Registration / Liability Waiver Agreement

Name _____ DOB: _____

Address _____ City _____

State _____ Zip _____ Phone _____

Email _____

How did you hear about us _____

Emergency Contact Name _____

Emergency Contact # _____

Injuries our instructors should be aware of _____

Any classes you would like to see added:

Type of class _____

Time/day of class _____

I _____ have no serious medical conditions that will put me at risk and have medical clearance from my medical provider to participate in physical activities such as Zumba.

I understand that Zumba includes physical movements as well as an opportunity for relaxation, stress re-education and relief or muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Zumba is not a substitute for medical attention, examination, diagnosis or treatment. Zumba is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice Zumba.

I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Urban Elements Wellness Center.

Signature of student, parent or guardian _____ Date _____