

**LIVE. LIFE. LOCO.**  
**LocoMotion Fitness**

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Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Emergency name & telephone: \_\_\_\_\_

**Release of liability, waiver of claims, and assumption of risks.**

By signing this document, I acknowledge and understand the following:

1. For and in consideration of being permitted to enroll and participate in group fitness classes and Zumba Gold® classes, by signing below I hereby voluntarily indemnify, release from liability, and hold harmless Zumba® Fitness LLC, LocoMotion Fitness, Sherri Fransila, and the facility for any accident, injury, death, loss, damage to person or property, or other consequences suffered by myself or any other person arising directly or indirectly from participation in these classes.
2. In the event of injury, I assume any financial obligation for any medical costs which I incur. Zumba®, LocoMotion Fitness, nor Sherri Fransila assume any responsibility for any medical expenses, injury, or damage suffered in connection with participation in these classes.
3. By signing below, it is my intent to expressly assume all risk of personal injury, death, or property damage to the exclusion of Zumba®, LocoMotion Fitness, or Sherri Fransila and to exempt and relieve LocoMotion Fitness and Sherri Fransila from liability for personal injury, property damage, or wrongful death.
4. I agree that I, my spouse, assignees, heirs, guardians, and legal representatives will not make any claim against, sue, or attach Zumba®, LocoMotion Fitness, or Sherri Fransila for any loss or damage resulting from participation in these classes.
5. I am aware that I have chosen to participate in a group fitness class and that all fitness classes require physical exertion that may be strenuous and may cause physical injury, including death. I am fully aware of the risks and hazards involved.
6. I voluntarily agree to the terms and conditions stated above. This agreement remains in effect for as long as I participate in any group fitness class of LocoMotion Fitness/Sherri Fransila

**In the event of an emergency, I authorize medical attention from any licensed hospital, physician, and/or medical personnel.**

**I have read and understood the above and accept its terms.**

\_\_\_\_\_  
Releasor/Participant Signature

\_\_\_\_\_  
Date

You may decline participation in photographs for publicity, illustration, advertising, and web content.