

ZUMBA® Program Registration Form

**Fields marked with asterisk are required*

*Name _____ *Mailing Address _____

*City _____ *State _____ * Zip _____

Age _____ Date of birth ____/____/____ Sex M____ F____

*Day phone _____ Evening phone _____

*Cell phone _____ Work phone _____

*E mail _____

(To be used for notification of future events. Not to be distributed.)

*Emergency contact _____

Relationship _____

*Emergency contact phone(s) _____

***How did you hear about this event? (circle as many as apply):**

E mail Facebook CBE web site Flier (from where?) _____

Instructor(s) Zumba.com web site Radio _____

A friend _____ Other _____

Waiver of Liability

I consent to participate in Zumba® Fitness activities with Wendy Woods and agree that I assume the risk of accident or injury sustained from whatever cause in connection therewith. I further realize that there will be variations in lighting such as the use of strobe lights, black lights, spots lights and other visual effects during the event. I release The College Basketball Experience (The CBE) at The Sprint Center in Kansas City, MO, Wendy Woods, Zumba® Fitness, LLC, and its employees from any and all liability for accident or injury. I understand that I am responsible for all registration information, policies and procedures. I further understand that The CBE, Wendy Woods reserves the right to photograph and/or video facilities, activities and participants for potential future use. All photos and video remain the property of The CBE, Wendy Woods and may be used for publicity purposes.

*Signature of participant _____ Date _____

(If under the age of 18, parent or legal guardian)