

ZUMBATHON®

**Presented by Spring Hill
Parks and Recreation
Saturday January 29th**

Please complete the following:

Name: _____

Address: _____

City: _____ State: _____

Phone: _____

Email: _____

Emergency Contact Information:

Name: _____ Phone: _____

By signing this document, I acknowledge that I have voluntarily chosen to participate in an event of progressive physical exercise. I also acknowledge the need to obtain a physician's examination and approval prior to beginning this exercise event and that the group fitness event that I am participating in naturally involves the risk of injury. In signing this document, I acknowledge being informed of the strenuous nature of the event and the potential for unusual, but possible, physiological results, including but not limited to abnormal blood pressure, fainting, heart attack or even death.

I also understand that I may stop at anytime. By signing this document, I assume all risk for my health and well being and any resultant injury or mishap that may affect my well being or health in any way and hold harmless of any responsibility, the instructors, The City of Spring Hill, The UAW Local 1853 and their affiliates or persons involved with the event.

Signature: _____

Date: _____

Anyone under 18 must have Parent or Guardian Signature

Would you be interested in volunteering for future
Parks and Recreation Events
YES NO

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