

Physical Activity Readiness Questionnaire & Fitness Waiver

All participants are required to read and fill in the form, answering in truth in order to register and participate in any of the Zumba® classes. Once completed, submit with full payment to Zumba with Liv.

PAR-Q & YOU : Please check the appropriate ans	wer
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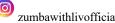
1.	Has your Doctor ever said that you have a heart condition and that you should only do physical			
	activity recommended by a Doctor?	YES_	_ NO	
2.	Do you feel pain in your chest when you do physical activity?	YES	NO	
3.	In the past month, have you had chest pain when you were not doing physical activity?			
		YES_	_ NO	
4.	Do you lose your balance because of dizziness or do you ever lose of	consciousness?		
		YES_	_ NO	
5.	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made			
	by a change in your physical activity?	YES_	_ NO	
6. Has your Doctor prescribed medication for blood pressure or heart condition?				
		YES_	_ NO	
7.	Do you know of any other reason why you should not do physical a	ctivity? YES_	NO	
	you checked "YES" to any of the questions above, you will require ypating***	vour Doctor's a	approval before	
AGRE	EMENT OF RELEASE AND WAIVER OF LIABILITY FOR Z		ASSES	
	(herein referred to as the particip	ant)		
(1	PRINT YOUR NAME)			

I, the above named participant, hereby agree to the following:

- 1. I am participating in classes taught by the authorized ZUMBA instructor or licensed substitute. I recognize that the classes may involve strenuous physical activity including, but not limited to, cardiovascular conditioning and interval training, muscle strength and endurance training, and other various fitness activities that may cause physical injury, and I am fully aware of the risks and hazards involved.
- 2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the ZUMBA classes. I represent and warrant that I am in good physical condition and do not suffer from any known disability or medical condition which would prevent or limit my participation in this exercise program.
- 3. In consideration of being permitted to participate in ZUMBA classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as result of participating in the program.
- 4. In consideration of being permitted to participate in ZUMBA classes, I knowingly, voluntarily and expressly waive any claim I may have against licensed instructor for injury or damages that I may sustain as a result of participating in the program.
- 5. I, my heirs or legal representatives forever release, discharge and covenant not to sue licensed instructor for any injury of death caused by their negligence or other acts.









I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE. I ALSO AKNOWLEDGE THAT ZUMBA WITH LIV MAY RETAIN A COPY OF THIS FORM FOR ITS RECORDS WHILE MAINTAINING CONFIDENTIALITY.

DATE PARTICIPANT SIGNATURE If participant is under age 18: JT TO T AS LEGAL GUARDIAN OF TERMS AND CONDITIONS. St. John Ambulance Saint-Jo St. John Ambulance certifies that **DATE SIGNATURE OLIVIA HORNSTEIN** has completed Standard First Aid - with C Class #: BC-SFC-AED-14NEW-2 Expiry Date: Feb 28, 2027 Reference #: 0065635379 Issued By/On: British Columbia & Yuko

Olivia Hornstein is a licensed Zumba Instructor (Zumba Basic 1 certified). She is also CPR-C + AED trained. E-mail olivia.minnie@hotmail.com or call 604-512-5515 for more information.





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Bv/On:

Council



Cardiopulmonary Resu

an adult, child a

AED (Automat

Level A: casualty Level B: adult, child and

included Level E: Customized cor AED: Understanding

Annual retraining in CP



