



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 answer:

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 consciousness? YES ___ NO ___
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse 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 activity? YES ___ NO ___

*****If you checked "YES" to any of the questions above, you will require your Doctor's approval before participating*****

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY FOR ZUMBA® CLASSES

_____ (herein referred to as the participant)
(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:

AS LEGAL GUARDIAN OF _____, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

DATE

SIGNATURE OF PARENT

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.



St. John Ambulance Saint-Jean

St. John Ambulance certifies that **OLIVIA HORNSTEIN** has completed **Standard First Aid - with CPR-C-AED**

Expiry Date: **Feb 28, 2027**
Reference #: **0065635379**
Issued: **British Columbia & Yukon**
Bv/On: **Council**

