

REGISTRATION FORM



ZUMBA – November 14, 2016 thru December 6, 2016

Name:
Address:
City, State, Zip Code:
Phone Number/Extension:
E-mail Address:
Circle One:    Employee -FREE    Student-FREE                      Non- Employee    \$30    Cash    Check    Money Order 5:30 – 6:30 pm
Building and Room Number:

Release and Waiver of Liability

I am a participant in wellness programs offered at the University of Arkansas at Pine Bluff and am over the age of 18 years. As a participant in these programs, I acknowledge and accept that participating in these activities may expose me to hazards and risks, including injury or death, and that University cannot control these risks. I acknowledge there may be physically strenuous activities and certify that I am fit and capable of such participation. I understand that University is not responsible for any medical expenses associated with any personal injury I may sustain and understand that University does not provide medical insurance for me. I certify that I am covered by adequate insurance to cover any personal injury which I may sustain while participating in the activities.

**In consideration of University providing the opportunity for me to attend these wellness program activities, I release University, its Board of Trustees, officers, employees, and representatives from any and all liability to me, my personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all illness or injury to me, including death arising out of, during or in any way connected with these events. I agree to indemnify and hold harmless, waive and covenant not to sue University, its Board of Trustees, officers, employees, and representatives, from liability for the injury or death of any person(s) or damage to property that may result from my negligent or intentional act or omission while participating in these activities.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone \_\_\_\_\_