

Zumba combines fast and slow rhythms that tone and sculpt the body using an aerobic fitness approach to achieve a unique blended balance of cardio and muscle toning benefits.

		Monday/W	Vednesda ;	y Zumba	
	Date	September 4– Dec 20. 2019			
	Day & Time	Monday & Wednesday 5:30-6:30 pm \$60 punch pass (member) \$70 punch pass (non-member)			
	Fee				
	Age	Adults			
	Instructor	Denise Kennedy, Susan Rasmussen, Carla Haupert			
	Location	GCCC			
	Minimum	18			
Name					_
Address		City	Zip	Email	
Home Phone #	W	/ork Phone #		Cell #	
Class: 331512A \$6	0(members) 3315	12G \$70 (non me	mbers) punch	pass	
signed participant (or, that such activity may damage or loss which is Jefferson Park and Recing and advisory bodie for any and all damage gence of the releasees dess the releasees ident any such activity or proemergency first aid, more activity or proemergency first aid, and activity or proemergency first aid, and activity or proemergency first aid activity or proemergency first aid activity activity activity activity activity activity activi	if under age 18, the painvolve risk of bodily may occur as a result or reation Department ares, representatives, age or loss, and any claim or otherwise, as a resultified above from any abogram, (v) in the event edication, medical treapublicity or promotion	ipate in a Jefferson P irrticipant's parent or la injury or property da of participating in such and the City of Jeffers ints, coaches, official and or demand therefor lated participating in and all loss, liability, at of any injury or illand timent or surgery decidal purposes. I HAV	legal guardian on mage, (ii) assume th activity, (iii) re on and their admi s and volunteers (, on account of in any such activity damage or cost the ess while participe med necessary by E READ AND Fo	on Department activity or proghis or her behalf): (i) recognice full responsibility for and risclease, waive, discharge and constrators, officers, employees (the "releasees") from all liability to my person or property, or program, (iv) agree to indent they may incur as a result of atting in such activity or progray licensed medical personnel, ULLY UNDERSTAND THIS	ze and acknowledge k of any bodily injury ovenant not to sue the s, members of governlity to the undersigned, whether due to neglimnify and hold harmof my participation in am authorize any and (vi) consent to m

Date:

Participant or Parent/Guardian (if under 18) signature:

Please note in space below.

Does the participant have any condition that would prevent full participation in the above activity?

Amt pd

____no ie. asthma, diabetes, seizures, allergies (bee stings), etc.