



Hopewell Area Recreation & Parks

PO Box 959, Stewartstown, PA 17363 (717) 993-2255

E-Mail: info@harp-online.org

Website: www.harp-online.org

HARP Zumba Registration Form

- Activity:** Zumba Classes – 6 sessions
- Date:** May 21 through July 9, 2012 excluding 5/28 (Memorial Day) and 7/2 (July 4th week), Monday evenings from 6 PM – 7 PM in the Community Building
- Cost:** \$30 for HARP Residents; \$35 for non-HARP Residents. HARP Residents include Stewartstown Borough, Hopewell Twp, East Hopewell Twp and Crossroads Borough
- Who:** Participants must be 13 years old or older
- Class Size:** The minimum participation for this class will be 20 participants, maximum will be 55
- Note:** *Fee is non-refundable once registration is made, unless the minimum participation is not reached.*

Complete this form and the Zumba Fitness Waiver and return to HARP along with check made payable to HARP for applicable fees.

Resident of: ___ Crossroads Borough ___ Stewartstown Borough ___ Hopewell ___ East Hopewell

Resident of Other: _____

Participant Name _____

Phone Number _____ Cell Number _____

Address: _____ Date of Birth (if under 18) _____

City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

All Participants Must Sign Both Release Forms*. Participation will be denied if the signature of adult participant or parent/guardian and date are not on both releases. *If participant is under age 18, parent or guardian must sign for them.

Medical Release:

I will, in no way hold the Hopewell Area Recreation and Parks (HARP), its administration and/or program directors responsible for any injury or accident that might occur while I am participating in HARP recreational activities. I also understand that HARP has not included medical insurance in the registration fee and by submitting this registration I am attesting that I have provided adequate Medical Insurance for myself.

Print Name of Participant Signature of Participant (if 18 or over) Date

Print Name of Guardian Signature of Guardian (if participant under 18) Date

Board Use Only:

Registration Received _____ Registration # _____

Fee Collected _____ Cash or Ck# _____

Notes: _____



ZUMBA FITNESS WAIVER OF LIABILITY RELEASE FORM

Informed consent – Release of Liability ***Please read carefully***

I _____ (name of participant) in consideration of being allowed to participate in the Zumba Fitness Class and use of facilities at Hopewell Area Recreation and Parks (HARP), I do forever waive, release and discharge Maridol Armstrong, HARP and all other volunteer and substitute instructors acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by negligent acts or omission of any of those mentioned or others acting on their behalf arising out of or connected with my participation in this activity, and I hereby agree to submit any and all claims to binding arbitration and abide by the judgment of that arbitration.

_____ (Please initial)

I fully understand that I may injure myself as a result of my participation in this activity and forever waive release and discharge Maridol Armstrong, HARP and any other Zumba instructor volunteering for class or acting as substitute from any liability now or in the future, including but not limited to muscle or ligament tears, strains, sprains, pulls, broken bones, dislocations, joint problems, shin splints, heat exhaustion, knee, back, hip or foot injuries, as well as the potential for heart attack, paralysis or death, however caused, occurring during or after my participation in this exercise class.

_____ (Please initial)

I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in this activity. I understand that a medical examination to assure my physical fitness is desirable and obtaining such examination is my own responsibility prior to participating in a Zumba fitness class. I acknowledge that I have had a physical examination and have been given my physician's permission to participate in this activity or I have decided to participate in this activity without the approval of my physician and do assume all responsibility for my participation in this activity. I fully understand that I am forever giving up, in advance, any right to sue or make claim against the parties I am releasing, if I suffer any injuries of damages, even though I do not know what or how extensive those injuries or damages might be. I am voluntarily assuming the risk of those injuries or damages.

_____ (Please initial)

I understand that Maridol Armstrong providing and maintaining a fitness class does not constitute an acknowledgement, representation or indication of my physiological well-being or a medical opinion relating thereto.

_____ (Please initial)

In signing this release, I acknowledge and represent that I read the foregoing Waiver of Liability Form, understand it and sign it voluntarily as my own free act and deed and am not under any physical or emotional duress to sign. I am at least eighteen (18) years of age and fully competent. In case of emergency, I agree to allow the above parties to call for emergency medical assistance and I am aware that I am financially responsible to those medical services.

_____ (Please initial)

ZUMBA FITNESS participants under 18 must have the consent of parent or guardian

(Print Name) _____ (Signature) _____ (Date) _____

E-mail Address _____ Phone # _____

Emergency Contact _____ Phone # _____

Relationship, if minor _____