

**Waiver of Liability, Indemnity Agreement,  
and Assumption of Risk**

I, \_\_\_\_\_, agree and consent to the following:

I am voluntarily participating in exercise/fitness program conducted by Mary Massey/Jennifer DeLorenzi. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above-mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program.

I agree to assume full responsibility for any risks, injuries or damage know or unknown which I might incur as a result of participating in the program. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.

I knowingly, voluntarily, and expressly waive any claim I may have against Mary Massey /Jennifer DeLorenzi for injury or damages that I may sustain as a result of participating in the program.

I, my heirs, or representatives forever release, waive, discharge, and covenant not to sue Mary Massey /Jennifer DeLorenzi for any injury or death caused by their negligence or other acts.

**I have read the above waiver and release of liability and fully understand it contents. I voluntarily agree to the terms and conditions stated above.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**Note:** If the participant is not 18 years of age or older, he/she must have the consent of a parent or guardian who will also read, understand and agree to the above terms. The Parent or Guardian must then sign and assume responsibility for the above terms.

**I, \_\_\_\_\_, as parent or legal guardian of the above participant, hereby understand, agree to, and assume responsibility for the above terms.**

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

# Photograph and Video Authorization and Release Form

I grant permission to Zumba® Fitness and its instructors (Mary Massey /Jennifer DeLorenzi) to use photographs taken of me, or my minor child, on the date and at the location listed below, for use without compensation, in publications related to the role and function of Zumba® Fitness, such as, but not limited to, brochures, flyers, newsletters, display boards, newspaper articles, the Zumba® Fitness website, the Zumba® with Mary web site, Z-Life magazine, or Facebook and to offer them for publication in other related materials produced without notifying me.

I also understand that once my image, or that of my minor child, is posted on the web site of either the Zumba® Fitness or that of Zumba® with Mary, the image can be downloaded.

I hereby waive any right to inspect or approve the finished photographs or printed matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown. The aforementioned also reserve the right to discontinue use of photos without notice.

I hereby agree to release, defend, and hold harmless Zumba® Fitness and its instructors (Mary Massey /Jennifer DeLorenzi) from and against any claims, damages, or liability arising from or related to the use of the photographs described in this authorization and release, including but not limited to any distortion, blurring, alteration, or optical illusion.

Event: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature