

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

READ CAREFULLY – THIS AFFECTS YOUR LEGAL RIGHTS

This agreement is by and between LAVINA PUNJABI, LAVINA PUNJABI'S ASSOCIATES, INSTRUCTORS AUTHROIZED BY LAVINA PUNJABI, EKTAA CENTER facility and its owners, any other location where LAVINA PUNJABI conducts classes and the individual whose name is printed and signed below:

I, _____, hereby agree to the following:
(please print)

1. I am participating in ZUMBA® (and any other classes not mentioned) that are offered by LAVINA PUNJABI, LAVINA PUNJABI'S ASSOCIATES, and Other Instructor(s) and during which I will receive information and instruction about ZUMBA® (and any other classes not mentioned). I understand and acknowledge that all classes require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. My child is participating in ZUMBA® (and any other classes not mentioned) that are offered by LAVINA PUNJABI, LAVINA PUNJABI'S ASSOCIATES, and Other Instructor(s) and during which my child will receive information and instruction about ZUMBA® (and any other classes not mentioned). I understand and acknowledge that all classes require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation or my child's participation in the Classes. I represent and warrant that I am or my child is physically fit, and I or my child has no medical condition that would prevent my full participation in the Classes.

4. In consideration of being permitted to participate in classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I or my child may incur as a result of participating in any program or being on the premises.

5. In further consideration of being permitted to participate in all classes, I knowingly, voluntarily and expressly waive any claim I or my child may have against the instructor(s), or owners for damages, and injury, including death, that I or my child may sustain as a result of participating in any class or being on the premises.

6. I, my heirs or legal representatives forever release, waive discharge and covenant not to sue LAVINA PUNJABI, LAVINA PUNJABI'S ASSOCIATES, Other Instructor(s), EKTAA CENTER facility and its owners for any injury or death caused by my or my child's voluntary participation in any class or being on the premises.

7. MEDIA USE

I understand that photos or videos that may be taken of class participants or other activities involved with LAVINA PUNJABI, LAVINA PUNJABI'S ASSOCIATES, Other Instructor(s), and its programs/classes and give permission that any in which I or my child may appear may be published in local publications, web media and/or videos.

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. This agreement remains in effect for as long as I participate in any class.

Participant/Guardian Signature (DATE)

If minor, PRINT CHILD'S NAME AND AGE