



# ShakeItLatinStyle!

Your Name (please print): \_\_\_\_\_

What Benefits Are You Looking For? (circle all that apply)

Fitness   Stress Mgmt.   Socialization   Self-Confidence   Weight Loss   Other

Date of Birth: \_\_\_\_\_

Emergency Phone / Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

How Did You Find Out About Us? (circle)

Passing By Studio   Website/Search Engine   Word of Mouth

Referral, by whom?: \_\_\_\_\_

Other: \_\_\_\_\_

Circle Your Party Plan:     **Elite** - Unlimited monthly membership \$69.99\*

**Jumpstart** - 5 Classes (1 mo. Expiration) \$40.00

**Drop-In** - \$10.00

\*Pre-tax (Memberships are non-refundable and non-transferable)

Payment Type (circle):   Visa   Mastercard   Discover   Check   Cash

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

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



# Release and Waiver Form

Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

All information will be kept strictly confidential. Use will be in case of emergency or in the event that pertinent class information, such as a cancellation needs to be relayed quickly.

## RELEASE AND WAIVER OF LIABILITY AGREEMENT FOR PARTICIPATION IN SHAKEITLATINSTYLE DANCE FITNESS CLASSES

This agreement is by and between ShakeItLatinStyle Fitness Club LLC and the individual whose name is printed above and signed below (herein referred to as the participant).

I am participating in dance/fitness classes, offered by ShakeItLatinStyle Fitness Club; during which I will receive information and instruction. I recognize that classes require physical exertion that may be strenuous 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 class. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in classes.

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 might incur as a result of participating in the classes.

In further consideration of being permitted to participate in classes, I knowingly, voluntarily and expressly waive any claim I may have against ShakeItLatinStyle Fitness Club LLC for damages, and injury, including death that I may sustain as a result of voluntary participation in classes.

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue ShakeItLatinStyle Fitness Club LLC for any injury or death caused by my voluntary participation in the classes.

I am aware that during my participation in classes, my likeness may be captured through photographs and/or video-recording with/without sound for the purposes of preserving memories and/or for media/advertisement, including posting of my likeness on the ShakeItLatinStyle website. I hereby grant permission for my likeness to be used.

I understand that should I choose to revoke this permission, the revocation is not effective until I have provided my revocation request in writing to ShakeItLatinStyle Fitness Club. I understand that revocation of permission will not include any likeness of me that have already been used for the above purposes.

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 ShakeItLatinStyle Fitness Club dance/fitness classes.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE (DATE)