



## Organized by Latispanica Cultural Association

Saturday May21,2022 from 12:30pm-2:30pm at Armbrae Academy, Halifax, Nova

Scotia Name: \_\_\_\_\_

Parent Name (if under 18) \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address (print very clearly) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (phone) \_\_\_\_\_

Injuries or health conditions the instructor should be aware of (if none, write "none")?

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### Agreement of Release & Waiver of Liability and Coronavirus/COVID-19 Waiver

\*\*\*PLEASE READ CAREFULLY\*\*\*

I \_\_\_\_\_ hereby agree to the following: That I am participating in the Zumbathon Party fundraiser event with Latispanica, and guest instructors. I acknowledge that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and that COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. I recognize that this fitness activity requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

I agrees that is my responsible for ensuring that I will adhere to all federal, provincial, or municipal health and safety directives, including, but not limited to, social distancing requirements. I understand that it is my responsibility to consult with a physician prior to and regarding mine or my child's participation in the Zumbathon Party fundraiser event, health programs, or other physical fitness activities. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the Zumbathon fundraiser event.

In consideration of being permitted to participate in classes Zumbathon fundraiser event with Latispanica and other instructors I agree to assume full responsibility for any risks, sickness, injuries, or damages, known or unknown, which I may incur as a result of participating in the program. In further consideration of being permitted to participate in Zumba classes, I acknowledge the contagious nature of COVID-19 and voluntarily assumes the risk that may be exposed to or infected by COVID-19, and knowingly, voluntarily and expressly waive any claim I may have against Zumba fitness, Latispanica and other instructors and Armbrae Academy and its affiliates, for injury, sickness or damages that I may sustain as a result of participating in this event.

I, and my heirs or legal representatives, forever release, waive, discharge, and covenant not sue Latispanica, other instructors, and Armbrae Academy and its affiliates for any sickness, injury or death caused by their negligence or other acts. I have read the above waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of participant or Parent (if is under 18) \_\_\_\_\_