



**Take your FIRST CLASS FREE... OR  
Get 5 classes for only \$25... OR  
Get 1 month of UNLIMITED classes for only \$36!**

\*by following these simple instructions!

1. Print this form
2. Complete all fields from bottom portion *prior to your arrival at class.*  
**Please print legibly** and sign below.
3. Turn in at your first class to jam with us and choose one of these awesome First Timer Deals!

Valid one coupon per customer. Offers may not be combined. This coupon may only be applied at your FIRST QCDO class. Cash or check accepted in class. Offer not valid online. Coupon only to be used one time per customer. Not valid for special events. Please arrive 10-15 minutes early to class.

**I HAVE NEVER TAKEN A QUEEN CITY DANCEOUT OR QUEEN CITY DANCING QUEEN CLASS BEFORE AT ANY LOCATION \_\_\_\_\_ Initials \_\_\_\_\_**

**PARTICIPANT INFORMATION- All information will be kept private and confidential.  
PLEASE PRINT CLEARLY!!!!!!**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth (Month/Date/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email (required): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

How did you hear about today's class?  Internet Search  Zumba.com  Facebook  Newspaper: \_\_\_\_\_  
Please check all that apply.  Friend/Family (first & last name) \_\_\_\_\_  
 Demo/Event/Other: \_\_\_\_\_

**WAIVER OF LIABILITY FOR FITNESS CLASSES**

In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

- A. Waive, release and discharge from any and all liability DanceOut Fitness LLC and all venues where classes are held, their elected and appointed officials, contractor, employees, students, agents, and volunteers for my death, disability, personal injury, property damage, or property theft, or actions of any kind which may hereafter accrue to me.
- B. Indemnify and hold harmless all DanceOut Fitness LLC venues where classes are held, their elected and appointed officials, employees, students, agents, and volunteers from any and all liabilities or claims including both personal injury and damage to property made by other individuals or entities as a result of or relating to my participation in this activity.

I know that there may be risks associated with fitness classes and willingly accept those possibilities. I know that it is my responsibility to ensure my own safety. I take full responsibility for my own health and safety in participating in the fitness class and, to the extent I deem advisable, will consult a physician before participating in any of the activities. I agree to pay all reasonable costs related to the classes, including any medical costs I incur.

I hereby represent to DanceOut Fitness LLC that the undersigned has sufficient knowledge, expertise and physical condition to participate in any such activities engaged in by me and I am relying on my own judgment and investigation as to the safety of such activities.

Therefore, intending to be bound and as a condition of being allowed to participate in the fitness class, I have freely signed this waiver on the date indicated.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**If the participant is less than 18 years of age, a parent or guardian *must sign* below on behalf of the participant *before the individual may participate in fitness classes.* Participants younger than 18 years of age must be accompanied by a participating adult.**

Print Parent/Guardian Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_