

Zumba Session Informed Consent Form

Participant Information

Full Name

Date of Birth

Contact Number

Emergency Contact Name & Number

Information & Acknowledgment

I understand that participating in Zumba sessions involves physical activity, which may present certain risks including, but not limited to, sprains, strains, falls, or other injuries. I have consulted with my physician regarding my ability to participate, or I acknowledge that I am voluntarily opting to participate at my own risk.

- I certify that I am physically fit and able to participate.
- I agree to inform the instructor of any physical conditions or limitations.
- I will listen to my body and stop if I experience pain or discomfort.
- I release the instructor and facility from any liability resulting from participation.

I have read and understand the above information and consent to participate in Zumba sessions.

Participant Signature

Date