



Registration Form

Today's Date:	_____ / _____ / 12 (Day/Month/Year)
How did you hear about Studio FuZion?	<input type="checkbox"/> Previous Client: _____ (which location or instructor?) <input type="checkbox"/> Friend <input type="checkbox"/> Facebook <input type="checkbox"/> Website <input type="checkbox"/> Email Blast/Newsletter <input type="checkbox"/> Signage: _____ <input type="checkbox"/> Ad: _____ (which media source?) <input type="checkbox"/> Tradeshaw or Event: _____ (which event?)
Your Name:	_____
Date of Birth:	_____ / _____ / _____ (Day/Month/Year)
Address:	Street: _____ City: _____, ON PC: _____
Phone numbers:	Home: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____ *at least one please
E-mail:	_____ @ _____ . _____
Type of Membership:	<input type="checkbox"/> Promo: _____ <input type="checkbox"/> \$10 Drop-in (HST included) <input type="checkbox"/> \$65 One Month Unlimited Zumba (HST included) <input type="checkbox"/> \$79 for a 10 Class Pass (HST included) <input type="checkbox"/> Unlimited Monthly Contract/Membership at \$45/month BEST VALUE!!! <ul style="list-style-type: none"> • \$90 down includes 1st and last month's payments (HST included) • 3 month minimum contract; auto-renewal via CC or PD cheques for subsequent months. <input type="checkbox"/> Unlimited Monthly Corporate Contract Membership at \$36/month Inquire at desk! <ul style="list-style-type: none"> • \$72 down includes 1st and last month's payments (HST included) • 3 month minimum contract; auto-renewal via CC or PD cheques for subsequent months.
Today's Payment:	Total Amount Today: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque - Payable to " <u>Studio FuZion</u> " <input type="checkbox"/> Visa <input type="checkbox"/> M/C _____ exp: ____ / ____ NAME ON CARD: _____ Signature: _____
Monthly Payment Agreement:	FOR MONTHLY PAYMENTS Contract Start Date: _____ 1st auto payment begins: _____ 1) <input type="checkbox"/> Post-Dated Cheques: # of Cheques provided _____ 2) <input type="checkbox"/> Use Credit Card number above, or <input type="checkbox"/> Visa <input type="checkbox"/> M/C _____ Exp: ____ / ____ NAME ON CARD: _____ <i>Participant authorizes payment of \$ _____ monthly recurring fees for Unlimited Zumba classes via authorized automatic credit card or Post-Dated Cheques.</i> Signature: _____ Date: _____



Waiver

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY FOR ZUMBA CLASSES & EVENTS AT STUDIO FUZION

This agreement is by and between **the Instructors at Studio FuZion** (herein referred to as the authorized ZUMBA instructor) **and the named Participant on the reverse side** (herein referred to as the participant).

I, the above named participant, hereby agree to the following:

1. I am participating in ZUMBA classes, offered by the authorized ZUMBA instructor and during which I will receive information and instruction about ZUMBA. I recognize that ZUMBA requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the ZUMBA Classes. I represent that I have consulted with a physician and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the ZUMBA Classes.
3. In consideration of being permitted to participate in ZUMBA 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 program.
4. In further consideration of being permitted to participate in ZUMBA Classes, I knowingly, voluntarily and expressly waive any claim I may have against the authorized ZUMBA instructor for damages, and injury, including death that I may sustain as a result of participating in ZUMBA classes.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue the authorized ZUMBA instructor for any injury or death caused by my voluntary participation in the ZUMBA classes.

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 ZUMBA classes at this location.

_____,
PARTICIPANT'S SIGNATURE (DATE) _____, (DATE)
STUDIO FUZION REPRESENTATIVE

If Participant is under 18; please continue:

As Legal Guardian of _____ I, Consent To The Above Terms And Conditions.

GUARDIAN NAME (PRINT) _____ (DATE)
SIGNATURE OF LEGAL GUARDIAN