



Registration Form & Waiver

Today's Date:	_____ / _____ /16 Day Month Year
How did you hear about Studio FuZion?	<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"/> Tradeshow or Event: _____ (which event?)
Your Name:	_____ (please print)
Date of Birth:	_____/_____/_____ Day Month Year
Address:	Street: _____ City: _____, ON Postal Code: _____
Phone numbers:	Home: (____)_____-____-____ Work: (____)_____-____-____ Cell: (____)_____-____-____ *at least one please
E-mail:	_____@_____._____ <input type="checkbox"/> ← No Thanks <i>By providing your e-mail address you expressly consent to receiving emails from Studio FuZion regarding schedule updates and promotions. If you do not wish to receive Studio FuZion e-mails, please check the 'No Thanks' box.</i>
*office use only	<input type="checkbox"/> Promo: _____ Class Rates: <input type="checkbox"/> \$12 Drop-in (+HST) = \$13.56 <input type="checkbox"/> \$18 "2-in-1 Day" (+HST; 2 classes, same day) = \$20.34 <input type="checkbox"/> \$99 - 10 Class Pack (+HST; exp. In 6 mos) = \$111.87
	Unlimited Class Packages: <input type="checkbox"/> \$75 - 1 Month (+HST) = \$84.75 <input type="checkbox"/> \$130 - 2 Months (+HST) = \$146.90 <input type="checkbox"/> \$170 - 3 Months (+HST) \$192.10
Type of Membership:	Memberships <input type="checkbox"/> Monthly Unlimited Membership at \$49/month (+HST= \$55.37) <ul style="list-style-type: none"> • \$98 (+HST = \$110.74) deposit on sign-up includes 1st and last month's payments • Auto-renewal via CC or PAP (void cheque) for subsequent months (4 month minimum) <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Monthly Unlimited <u>Loyalty Program</u> Membership at \$39/month (+HST = \$44.07) <ul style="list-style-type: none"> • \$78 (+HST = \$88.14) deposit on sign-up includes 1st and last month's payments • Auto-renewal via CC or PAP (void cheque) for subsequent months (12 month minimum) <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Unlimited Monthly <u>Corporate</u> Membership at \$39/month (+HST = \$44.07) <p>Company Name: _____ <input type="checkbox"/> Verification/ID checked (must present proof)</p> <ul style="list-style-type: none"> • \$78 (+HST = \$88.14) deposit on sign-up includes 1st and last month's payments • Auto-renewal via CC or PAP (void cheque) for subsequent months (4 month minimum)
Today's Payment:	Date: _____ Total Amount: \$ _____ (including HST) <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Cheque – Payable to " Studio FuZion "
Monthly Payment Agreement: FOR MONTHLY MEMBERSHIP DUES PAYMENTS: --please attach autopay (PAP) form	



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 any loss, 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)

STUDIO FUZION REPRESENTATIVE

(DATE)

If Participant is under 18; please continue:

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

GUARDIAN NAME (PRINT)

SIGNATURE OF LEGAL GUARDIAN

(DATE)