**Liability Release Form**

Person and Organization/Business: Camilla Opre and Amherst Recreation Department

Activity: Zumba Gold Class

Date(s) of the activity: Mar 31 – May 8, 2014

I understand that my participation in the above named activity includes aerobic exercise and could include actions or tasks which are potentially hazardous. I also understand that fitness activities involve a risk of injury or even death.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in the above activity. I acknowledge that I have either had a physical examination and been given my medical practitioners permission to participate in the above activity or I have decided to participate in the activity without the approval of my physician and do hereby assume all responsibility for my participation in the above named physical activity.

By signing below, I expressly assume any risk of injury or death in respect to myself which might occur due to my participation in the above named activity. I release the person and organization/business named above from all liability, costs and damages which might arise from participation in the above named activity.

I sign this Liability Release Form in consideration of being allowed to participate in the above named activity.

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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