



The Dance Mill Zumba Fitness Membership Application



Name: _____ **Date Of Birth:** _____
Address: _____ **Town:** _____ **Postcode:** _____
Home Phone: _____ **Mobile Phone:** _____
Email Address: _____
Emergency Contact Name: _____ **Emergency Contact Number:** _____

Please tick Membership required:

- Bronze** **Pay-as-U-Go. Loyalty card get the 10th class free. (No time limit) (£45:00 for 10 classes) £5.00 per class**
- Silver** **Direct Debit of £30:00 per month. 8 Zumba classes per month. (Cannot be carried over to next month) £3.75 per class. Additional classes during the same calendar month charged at £3.75.**
- Gold** **Direct Debit of £42:00 per month. 12 Zumba classes per month. (Cannot be carried over to next month) £3.50 per class. Additional classes during the same calendar month charged at £3.50.**

Deposit of 1 month in advance required. (Cash or Cheque payable to The Dance Mill)

Silver and Gold Membership: As part of your membership you are guaranteed the class times you request and these will be pre-booked for the duration of your membership. You will be required to sign in prior to every Zumba Fitness Class attended.

Membership Commitment: You join the Zumba membership for a minimum period of 3 months. Thereafter, you can cancel your membership by giving 1 full calendar month notice in writing to The Dance Mill. All members will be issued with a receipt and must be kept as proof of cancellation.

Liability

I, the undersigned, hereby expressly and affirmatively state that I wish to participate in the Zumba dance fitness classes offered. I realize that my participation in this activity involves risks of injury, including but not limited to muscle strain, joint sprains, broken bones, slips, trips, falls, heart attack, stroke, and even the possibility of death. I also recognize that there are many other risks of injury including serious disabling injuries, which may arise due to my participation in this activity, and that it is not possible to specifically list each and every possible injury risk. However, knowing the material risks and appreciating, knowing, and reasonably anticipating that other injuries are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even the risk of death, which could occur by reason of my participation.

I understand the risk of my participation in this activity, and I voluntarily choose to participate, assuming all risks of injury or even death due to my participation. I do hereby waive, release, and forever discharge The Dance Mill, their employees and representatives from any and all responsibilities or liability for injuries or damages resulting from my participation in this activity. By signing this document I acknowledge that I have no serious medical condition that I am aware of. If I have chosen not to obtain a doctor's permission prior to beginning Zumba fitness classes at The Dance Mill, I hereby agree that I am doing so at my own risk.

I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary. I acknowledge that I have thoroughly read this Waiver and Assumption of Risk, and fully understand that it is a release of liability. By signing this document, I am waiving any right I or my successors might have to bring a legal action or assert a claim against The Dance Mill, their employees and representatives.

Signature: _____

Date: _____

Membership Number: _____