

I hereby state that I wish to voluntarily participate in the line dancing class under the instruction of Liz Fitzwilliams, which may involve strenuous physical activity.

I understand that it is my responsibility to consult with my physician prior to and regarding my participation in the above mentioned class. I represent and warrant that I have no medical condition or disability that would prevent or limit my participation in the class.

I knowingly, voluntarily and expressly waive any claim I may have against Liz Fitzwilliams for any injuries or damages (known or unknown), property damage or loss of any kind, including death that I may sustain as a result of participating in any Line Dance Class. I forever release Liz Fitzwilliams from any liability (now or in the future) related to my participation in the class.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Name:

Telephone Number:

Emergency contact number:

Signature:

Date:

THANK YOU AND I HOPE YOU ENJOY THE CLASS.

