## Waiver, Release of Liability and Assumption of Risk Agreement to Participate\*

Ple	Please read each item below and check only if you agree to the statement containe	ed therein.
	☐ In consideration of being allowed to participate in Zumba®/yoga classes, events with CORINNE MAH dba MAHALOKA, I agree to waive my rights to ordinary neg understanding that Zumba®/yoga includes physical movements as well as an opfitness, cardio-vascular conditioning, relaxation, stress reduction and relief of materials.	lligence issues, oportunity for
	As is the case with any physical activity, the risk of injury, even serious or disal present and cannot be entirely eliminated.	bling, is always
	I understand that it is my responsibility to advise my teacher(s) of any physica may limit my participation in Zumba®/yoga class and to work within my limitation any pain or discomfort, I will listen to my body, take a break, adjust the mover advise and ask for support from the teacher. I will continue to breathe smoothly	ons. If I experience ment/posture, and
	Zumba®/Yoga is not a substitute for medical attention, examination, diagnosis Zumba®/Yoga practice and/or specific movements/poses are not recommended for individuals with certain medical conditions. I am aware of the physical risks strenuous exercise and understand it is my personal responsibility to consult w regarding my participation.	d and are not safe involved with
	I affirm that I alone am responsible to decide whether to practice Zumba®/yoga. condition which would prevent me from taking part in Zumba®/yoga classes or I assume responsibility for any risk or injury I may sustain as a result of my page.	workshops, and
	I hereby agree to irrevocably release and waive any claims that I have now or have against CORINNE MAH and/or MAHALOKA, its agents, owners, officers, dir sponsors, and other participants, and the owners, lessor, and lessees of the pre of my participation in any classes, events or activities.	ectors, instructors,
	☐ I hereby agree and covenant not to make a claim against, sue or attach the prompted MAH and/or MAHALOKA or any of its affiliated organizations or above-mentions	
	I have read the above release and waiver of liability and understand its contents. I agree to the terms and conditions stated above.	
а	* By registering for classes with CORINNE MAH dba MAHALOKA, all students agree and conditions of the preceding Waiver, Release of Liability, and Assumption of R to Participate.	
For	For more information, contact CORINNE MAH at 250.589.8836 or e-mail info@mah	aloka.com
(PF	(PRINT) Student/Parent/Guardian (SIGN)	
DA	DATE PHONE	

**EMAIL**