



# Girls' Night Out Registration and Release

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact & Number:** \_\_\_\_\_

**I would love to participate (please check the appropriate circle/circles):**

- Girls' Night Out Glow Party (before Sept. 14 - \$25; after Sept. 14 through event day - \$30)**
- Vendor - \$25; Business name:** \_\_\_\_\_
- Donation amount of:** \_\_\_\_\_
- Event Sponsor - \$100 (Recognition at event and in The Courier-Times.)**

***Checks should be made payable to Concord UMC with "Movin' it for Morton" in the memo line. Please mail donations along with this form to Sara Morrow at 1699 Thee Hester Road, Roxboro, NC 27574.***

**Please choose one size in either a tank top OR a t-shirt:**

**Women's Tank top Size: S M L XL XXL**

**OR Unisex T-shirt: S M L XL XXL**

In exchange for permission to participate in a Jazzercise Dance Fitness Class, I hereby enter into the following release and waiver of liability, assumption of risk and indemnity agreement.

I, for myself, my heirs, spouse, executors, administrators, personal representatives and assignees, waive, release, discharge, indemnify, hold harmless and agree not to sue Jazzercise, Inc., its officers, directors, shareholders, employees, agents, landlords, lessees, sponsors, representatives, volunteers, affiliates and franchisees (hereafter the "Released Parties") from, any and all liability, responsibility, damages, losses, claims, demands, actions, suits, judgments, costs and expenses (including attorneys' fees) resulting from personal injury, accidents, illnesses, death and/or property loss caused in any manner, including theft, fire and the simple, active or passive negligence of the Released Parties, by my participation in the Jazzercise Fitness Class.

I acknowledge the Jazzercise Dance Fitness Program is designed, through dance routines, to concentrate on the cardiovascular system, flexibility, balance, coordination, muscle toning and endurance. The routines allow for a warm-up and cool-down period, and students are advised to warm-up and to pace themselves during the course of routines. I acknowledge I have been advised to consult with my physician with respect to any past or present injury, illness, cardiovascular problem, knee problem, or any other condition that may affect my participation and ability to participate in and to endure the exercise programs, and knowingly assume all risks relating to my participation in the Jazzercise Dance Fitness Program. I acknowledge that I have discussed with my physician the appropriateness of The Jazzercise Dance Fitness Program in connection with any illness or condition that I now have or have previously had and that I knowingly execute this agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have read this agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. This agreement is intended to be as broad and inclusive as permitted by law. If any portion of this agreement is held invalid, the remaining portions will continue in full force and effect.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am the parent/guardian of the minor \_\_\_\_\_ and I am signing this agreement on behalf of said minor.

**\*\*\*All ages are welcome but students under 15 must be accompanied by an adult.\*\*\***