

# Marlboro County Parks & Recreation Commission

EXERCISE CLASSES AND

# ZUMBA

205 East Market Street

PO Box 364

Bennettsville, SC 29512

Phone: 843-479-5632 Fax: 843-479-5674

Email: [gharrington@marlborocounty.gov](mailto:gharrington@marlborocounty.gov)

Recreation Director: Mr. Gary Harrington

Athletic Director: Mr. Thomas Stevens

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age \_\_\_\_\_ Male or Female \_\_\_\_\_ Birth Date (mm/dd/yr) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Physician \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

\$25 PER MONTH

OR

\$5 PER SESSION

**Note:** We do not give refunds or credits for missed or dropped sessions. Make-up sessions must be done within the current session only if availability permits.

Waiver/Release:

I \_\_\_\_\_ **ACCEPTS ALL RISKS** associated with that participation. I hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE** MCPRD, its staff, directors, employees, and agents from all liability for any and all damages or injuries suffered by myself while under the instruction, supervision, or control of MCPRD including, without limitation, those damages or injuries resulting from acts of negligence on the part of its staff, directors, employees, and agents.

In case of medical emergency, I understand that I may be transported to an appropriate medical facility by a local emergency unit for treatment. I will be treated at the expense of myself or my health insurance. I understand that in some medical situations, MCPRD will need to contact the local emergency resources prior to notifying my emergency contact, physician, or other adult acting on my behalf.

I have read and understand this **ASSUMPTION OF RISK, WAIVER OF LIABILITY** and **MEDICAL AUTHORIZATION**. I have **VOLUNTARILY** affixed my name in agreement and agree to all terms listed above.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

2013 ZUMBA Registration Form