

Agreement of Release and Waiver of Liability

I / We, _____ hereby agree to the following:

1) That (I am / We are) participating in a dance / fitness class with **HotSalsaDanceZone** (Alberto Gonzalez & Teresa Szeffler). I recognize that dance/fitness type classes require physical exertion which may be strenuous and may cause physical injury. I am also fully aware of the risk and hazard involved.

2) I / We understand that it is my responsibility to consult a physician prior to and regarding my participation in the class. I represent that I am physically fit and have no medical condition which would prevent my full participation.

3) I / We agree to take full responsibility for any risks, injuries or damages known or unknown which might incur as a result of participating in the class(es).

4) **I / We understand that by coming to classes I/we may be exposing myself/ourselves to the potential transmission of the COVID 19 virus, and I/we knowingly, freely and voluntarily accept the inherent risks of this activity.**

5) I / We knowingly and voluntarily waive any claim I may have against **Hot Salsa Dance Zone** (Alberto Gonzalez & Teresa Szeffler), owners and lessors of premises with respect to any and all injury, disability, death, or loss or damage to person or property that I sustain as a result of participating in class(es).

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

I/We hereby declare that I/we or anyone in my household has not experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing). If I or anyone in my household experience any cold or flu-like symptoms after submitting this form, I will then not attend classes for a minimum period of 14 days after the cold or flu-like symptoms have completely gone away.

I/We hereby declare that I or any member of my household have not travelled to or had a lay-over in any country outside Canada in the past 14 days. If I/We or anyone in my household travel to any country outside Canada after submitting this form, I will then not attend classes for a minimum period of 14 days after the date of return to Canada.

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

Full Name (If couple both names): _____

Date

Signature of Participant (s)

Fill out below information in the event that we need to contact you.**PLEASE WRITE CLEARLY.**

Cell #: _____

Phone #: _____

E-mail: _____