

# Rockin' Shamrock

## Zumbathon

I agree to hold the presenting instructors of the Rockin' Shamrock Zumbathon and Lexington County Recreation & Aging Commission (LCRAC) harmless from any and all claims, suits, losses, or related cause of action for damages incurred during or arising in any way from the event.

I agree to assume risk of such exercise, and any injury resulting from performing the exercise shown during the Zumbathon. I understand that I am responsible for monitoring my own condition throughout the event, and if any unusual symptoms occur I will cease my participation and inform the instructor of my symptoms.

I agree that my spouse, assignees, heirs, guardians, and legal representatives will not make a claim against any of the presenting instructors or LCRAC. My signature below indicates this form was signed of my own free will.

The instructors and LCRAC reserve the rights to use any photos or videos taken during the event for advertising and marketing purposes without any compensation to the participants.

\_\_\_\_\_  
(Signature of Participant) Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian if under 18) Date \_\_\_\_\_

**Please Print. Please provide complete address to include town/city and zip code.**

Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_