

# Regent Square Zumba Event Fundraiser Registration Form

**When:** Saturday, February 25th 11am-1pm

**Where:** Sarah Jackson Black Community Center

1050 Windermere Drive, Pittsburgh, PA 15218

First Name: \_\_\_\_\_ Male or Female

Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Parent/Guardian \*Must be completed if participant is under 18

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

**\$20.00 per ticket in advance/\$25.00 per ticket at the door**

**Circle One: Check Payable to *Krista Bremer* Cash**

*\*write "Zumba for Crohn's" in the 'for' line*

**Number of Tickets purchased: \_\_\_\_\_ Amount Due: \_\_\_\_\_**

## Waiver/Agreement

Participants must read, date and sign to participate in the Zumba Event. I hereby certify that I am in normal health and capable of safely participating in the fitness event being held at the Sarah Jackson Black Community Center by Krista Bremer and Erin Snodgrass. I understand that Zumba Fitness may be potentially dangerous and can result in injury, even under normal circumstances. I hold harmless the community center, any officer, Volunteer, Zumba Fitness Instructors and all involved in the Zumba fundraiser from liability for any harm that befalls me during my participation in this Zumba Fundraiser. I also understand that the registration fee is non-refundable. Furthermore, I offer my permission for the instructors to use any photographs taken of me during my participation in the Zumba Event for marketing purposes.

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

Mail to: Krista Bremer  
20 Farkas Place  
Pittsburgh, PA 15218  
Attn: Zumba for the Crohn's