

# Zumba Participation Waiver and Release of Liability

## WAIVER AND RELEASE OF LIABILITY

By participating in the Secrets of Tuscany with Zumba tour, including but not limited to Zumba or dance classes offered during the trip (the "Activities"), I acknowledge and agree to the following:

1. Voluntary Participation: I understand that participation in Zumba or dance-related activities is voluntary and involves physical movement, which may include risk of injury or physical discomfort.
2. Assumption of Risk: I am aware of and voluntarily assume any and all risks associated with participation in the Activities, including but not limited to, falls, sprains, muscular injuries, or other physical injuries that may occur during or as a result of such activities.
3. Medical Condition: I confirm that I am in good physical condition and have no medical or physical conditions that would prevent me from safely participating in the Activities. I understand it is my responsibility to consult with a physician before engaging in any physical activity.
4. Release and Hold Harmless: I hereby release, waive, and discharge Food N' Wine Vacations LLC, its owners, officers, agents, employees, instructors, affiliates, and any other participants from any and all claims, demands, damages, or causes of action arising out of or related to any injury, illness, or loss sustained during or as a result of my participation in the Activities.
5. Indemnification: I agree to indemnify and hold harmless the released parties from any and all liabilities or costs incurred as a result of my participation, including reasonable attorney's fees and costs.
6. Binding Agreement: I understand that this release is binding upon me, my heirs, executors, administrators, and assigns.
7. Medical Insurance Responsibility: I acknowledge that I am solely responsible for maintaining my own medical insurance coverage throughout the entire period of my participation in the tour. I understand and agree that I am personally responsible for any and all medical expenses incurred during the trip, including but not limited to emergency care, hospitalization, physician services, and related costs.

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By signing this waiver, I acknowledge that I have read and understood this release of liability and agree to its terms voluntarily.

Participant Name: \_\_\_\_\_

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

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