



Event Date: Saturday, March 30, 2018  
 Location: Lamoille Union High School, Hyde Park, VT

### Individual Registration

Registration also available online at [www.lamoille.org](http://www.lamoille.org) - Doors open at 1:30pm

Full name (please print clearly)

Team Name (if applicable)

Street Address

City

State

Zip

Phone

Email address

Registration fee \$15.

I would like to donate an additional \$ \_\_\_\_\_ to the fundraiser.

**Note:** We will be offering children’s activities. If you are bringing your children, please submit this registration by Friday, March 29<sup>th</sup>, noon time, or call 888-5026 ext. 103 with the following information:

Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

**Total amount enclosed:** \$ \_\_\_\_\_

Please make check payable to “LCMHS” and mail to: c/o LCMHS Zumbathon, 72 Harrell St, Morrisville, VT

**Waiver:** In consideration of your accepting this entry, I, intending to be legally bound, do hereby for myself and my heir, executors, administrators waive and release, any and all rights and claims or damages I may accrue against the persons and organizations affiliated with LCMHS Zumbathon® for any and all injuries that may be suffered by me or enroute to and from the event. I recognize that Zumba® requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Zumbathon® Charity Event or other Zumba® related activities. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Zumbathon®. In consideration of being permitted to participate in the Zumbathon® Charity Event, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the LCMHS Zumbathon®. In further consideration of being permitted to participate in the Zumbathon®, I knowingly, voluntarily, and expressively waive any claim I may have against Lamoille County Mental Health Services and/or staff and board of directors, Lamoille Union High School and/or staff, Zumba® instructors, and assistants, individually or otherwise for damages, injury, including death that I may sustain as a result of participating in the Zumbathon®.

Signature

Printed Name

Date

Parent/Guardian Signature for all participants under 18

Date

Please email registration to: [Luciana.Swenson@lamaille.org](mailto:Luciana.Swenson@lamaille.org), bring it to the event, or mail it to the address below.