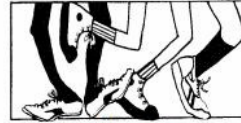


LZ Aerobics



Bobbie Elzey

255 Nimblewill Way

Lilburn, GA 30047

678-380-3861 website: lzaerobics.com

Dance Ex Class Locations:

Briarcliff Baptist (Betty Moody)	M/W/F 9:00
Decatur Rec (Bobbie)	M/W/F 9:00 a.m.
(Scott and Barbara)	M/W 5:30
*Functional class for seniors (Bobbie)	M/W/F 10:15 a.m
(This is a pay per class \$3)	
Oak Grove UMC (Linda)	T/TH 6:30 p.m. Class
Smoke Rise Baptist (Kathy)	M/W/F 9:15 a.m. Class

2016 Session Schedule:

Winter	1/4 - 3/11
Spring	3/21 - 5/27
Summer	6/13 - 8/19
Fall	9/05 - 11/11
Mini Session	11/14 - 12/16

2016 (10 week)Dance Ex Class Prices

Per class	\$7
2 Days per week	\$ 80.00
Unlimited	\$ 85.00
Seniors	\$ 80.00

**Please call our office to confirm times and locations.
Class times may vary and are subject to change.*

I, _____, hereby agree to the following:

1. That I am participating in the Health and Fitness Classes, Programs or Workshops offered by L. Z. Inc. during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Health and Fitness classes, programs, or workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the exercise classes, programs or workshops.
3. In consideration of being permitted to participate in the health and fitness classes, programs and workshops, 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 program.
4. In further consideration of being permitted to participate in the health & fitness classes, programs or workshops, I knowingly, voluntarily and expressly waive and claim I may have against L. Z. Inc. for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue L. Z. Inc. for any injury or death caused by their negligence or other acts.

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

Date Signature of Participant

If participant is under 18:

As legal guardian of _____, I consent to the above terms and conditions.

Date Signature of Parent/Guardian of Participant

Witnessed by: _____

***This waiver shall be good for the year 2016**

CLASS LOCATION _____

INSTRUCTOR _____

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

EMAIL _____

ANY ALLERGIES OR PRIOR MEDICAL HISTORY WE SHOULD BE AWARE OF:

PHYSICIAN NAME _____

Instructor notes or comments:
Please note if you are a new student.

