



THE SURREY PILATES STUDIO INC. REGISTRATION FORM

NAME: _____ AGE: _____

BIRTHDATE _____

PHONE: _____ CELL: _____ WORK: _____

ADDRESS: _____

EMAIL: _____

OCCUPATION: _____

EMERGENCY CONTACT;

NAME: _____

NUMBER _____

DATE STARTED CLASSES _____

ANY MEDICAL PROBLEMS OR INJURY WE SHOULD BE AWARE OF:
(ALLERGY, ASTHMA, ETC)

I have fully read and agree with the studio policy's and guidelines and I understand that if I cancel without 25 hours' notice, for any reason, I will still be charged the full fee and I am not entitled to a make-up class (please do not ask to be the exception to the rule).

Sign; _____

THE SURREY PILATES STUDIO

RELEASE OF LIABILITY

1. In consideration of being allowed to participate in the personal fitness training activities and programs of THE SURREY PILATES STUDIO and to use its facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release, and discharge THE SURREY PILATES STUDIO and its representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person, arising out of or connected with my participation in any activities, programs or services of THE SURREY PILATES STUDIO or the use of any equipment at various sites, including home, provided by and /or recommended by THE SURREY PILATES STUDIO.

(PLEASE INITIAL: _____)

2. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept all risks of injury and death.

(PLEASE INITIAL: _____)

3. I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of the exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of exercise equipment without the approval of my physician and do hereby assume all responsibility for my participation in the said activities, programs and use of equipment.

(PLEASE INITIAL: _____)

4. I understand that THE SURREY PILATES STUDIO providing and maintaining an exercise/fitness program for me does not constitute an acknowledgement, representation or indication of my physiological well-being or a medical opinion relating thereto.

(PLEASE INITIAL: _____)

DATE: _____

SIGNATURE: _____



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