



# Teacher Training Course *Application and Registration Form*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_ Secondary: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Emergency Contact: \_\_\_\_\_ phone \_\_\_\_\_

Briefly describe your Pilates experience, including the length of time:

Describe any other movement/dance/sports experience:

Have you previously attended a Teacher Training Course? If yes, when and with which studio/teacher?

Please list any current conditions/injuries:

Please list any previous injuries/conditions/surgeries, along with an approximate date:

Have you been diagnosed with:

high blood pressure     glaucoma     osteopenia     osteoporosis  
Are you pregnant? Y/N    Had a bone density test? Y/N

You must be physically able to complete the course. Please list any physical limitations that might inhibit your full participation in the completion of this course:



In consideration of being allowed to participate in any way in the **Purifying Pilates** program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the **Purifying Pilates**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and lessors of premises used to conduct the event, with respect to all and any injury, disability, death or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

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

Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Office: Initial:\_\_\_\_\_ Deposit of \$\_\_\_\_\_received on \_\_\_/\_\_\_/\_\_\_ chk #\_\_\_\_\_ balance received:\$\_\_\_\_\_on \_\_\_/\_\_\_/\_\_\_ chk #\_\_\_\_\_

**Reservation and Cancellation Policy:**

- \*\$1500 Deposit is due with completed and signed *Application and Registration Form*.
- \*Balance of Tuition is due **1 month prior** to the start of the Course.
- \*Cancellation of attendance must be received *in writing*.

**Refund Policy:**

- \*After deposit is paid and up until balance is due (30 days prior to start of Course): refund of deposit *less \$500 fee*.
- \*Within 30 days prior to the start of Course: deposit is *non-refundable and non-transferable*.
- \*After full payment of tuition, within 30 days of start of Course: refund of tuition *less \$1500 deposit*.
- \*14 days prior to the start of course and thereafter: **NO REFUNDS**.

\_\_\_\_\_ **I have read and accept the Cancellation Policy stated above.**  
(please initial)

