

19 Gloucester Avenue  
George  
6529

Class: \_\_\_\_\_  
Day: \_\_\_\_\_  
Time: \_\_\_\_\_

**Registration Form**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_

What is your occupation? \_\_\_\_\_

How did you hear about the studio? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ # \_\_\_\_\_

Has there been any change in your health since the last Pilates session? If yes, please describe with details. \_\_\_\_\_

Are there any other specific health concerns? \_\_\_\_\_

\_\_\_\_\_

I understand and agree to pre-pay for each class that I will be taking.

I understand that I have 14 days after the date of registration to request a refund. A request for a refund must be made in writing and delivered in person or by registered mail to **Core Strength Pilates Studio**.

I understand that I have one year from the date of purchase to use any packages of sessions purchased.

I understand that I am solely responsible for my health, safety and well-being. I hereby release Core Strength Pilates Studio from any and all responsibility for damages incurred by injuries caused when I am participating in any Pilates program, except where the damage or injury is caused by the negligence of the staff within the scope of their duties.

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

Signature of Parent or Guardian if under 18 \_\_\_\_\_

## HEALTH HISTORY FORM

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

Occupation: \_\_\_\_\_

Current Physical Activities: \_\_\_\_\_

Are you presently doing any kinds of therapy? (i.e. massage, physio, chiro) \_\_\_\_\_

What do you want to accomplish with the Pilates method of exercise? \_\_\_\_\_

**\*\*While the Pilates method of conditioning can compliment many types of rehabilitation (i.e. massage, physiotherapy, chiropractic care, etc.), it is not meant as a substitute for licensed medical practitioners. Pilates instructors cannot diagnose or prescribe treatment for physical ailments. If you have not recently been physically active, you need to seek a medical opinion regarding your ability to undertake in this exercise program. Should the instructor observe major physical limitations or a serious muscular imbalance, a recommendation to refrain from classes and to see a medical professional may be required.\*\***

Do you have any recent injuries or surgeries? Please describe, with dates \_\_\_\_\_

Do you have a muscle, joint, or spinal disorder that could be aggravated by exercise? If yes, please describe. \_\_\_\_\_

Are there other health concerns? Ex. High blood pressure, heart problems, asthma, etc. \_\_\_\_\_

Are you now or have you been pregnant within the past six months? \_\_\_\_\_ **\*\*Please note that if you are pregnant and have never done Pilates before, it is not advisable to begin this program.\*\***

Are you presently taking any medication that may affect, or be affected by physical activity? If yes, please describe \_\_\_\_\_

I have read and understand the above. I understand that I am solely responsible for my health, safety and well-being. I hereby release Caren Botha and her instructors, operating under Core Strength Pilates Studio, from any and all responsibly for damages incurred by injuries received, participating in this program.

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

Signature of Parent of Guardian if under 18 \_\_\_\_\_

# CORE STRENGTH PILATES STUDIO

## RELEASE AND ACKNOWLEDGEMENT



19 Gloucester Ave

GEORGE, 6529

### **RELEASE AND ACKNOWLEDGEMENT**

I agree to take fitness and Pilates instruction from Caren Botha and her instructors, operating as Core Strength Pilates Studio. I understand that there is some risk inherent in any fitness and Pilates program and I agree to fully assume such risk in order to participate in this program.

I warrant that I am in good physical condition and have no disability, impairment, or ailment that prevents me from participating in an exercise program. I further warrant that my physician has confirmed that I have no physical problem or ailment that prevents me from participating in an exercise program. I acknowledge that Caren Botha and her instructors will not be carrying out any assessment as to my ability to participate in the fitness program offered, but rather that they are relying on my representation that I am able to do so.

I agree that I am utilizing the services, facilities, & equipment provided by Core Strength Pilates Studio at my own risk. If I do suffer injury or damages as a result of the use of the facilities or in receiving instruction, I will be fully liable for such injury and damages. I acknowledge my obligation to immediately inform my instructor if I feel any pain, discomfort, fatigue, nausea, or other symptoms that I may suffer during and immediately after my participation in a Pilates program. I understand that I may stop participation at any time, & I may be requested to stop by an instructor of Core Strength Pilates Studio who observes any symptoms of distress or abnormal response.

I further acknowledge that during my participation in the fitness instruction provided by Core Strength Pilates Studio, it may be necessary for Caren Botha and/or her instructors to utilize physical contact, in the form of touching or supporting my body to illustrate proper posture. I agree that such touching may occur as deemed necessary by Caren Botha and/or her instructors.

I hereby release and forever discharge Caren Botha and her instructors from all claims, demands, damages, rights or causes of action resulting from my participation or utilization of the fitness and Pilates programs, facilities, and equipment. I also assume full responsibility for all my personal property that I bring to Core Strength Pilates Studio.

I confirm that any personal or health information that I provide to Core Strength Pilates Studio, will be solely utilized by the instructors of the studio and will not be disclosed to any other person or organization.

I confirm that I have reached the age of majority. I confirm that I have had sufficient time to read and understand each term in this waiver in its entirety, and have agreed to the terms freely and voluntarily. I agree that this waiver and all terms contained within are governed exclusively by the laws of SA.

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**I HEREBY CONFIRM THAT I HAVE READ AND UNDERSTAND THE ABOVE.**

NAME (PLEASE PRINT) \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_

MY SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_