



Pilates, Yoga, Dance
Specializing in Corporate Fitness Programs
Valerie Patrick – Certified Instructor
Cnyfitness.com
cnyfitness@gmail.com
(315) 699-8820

Registration Form

Make checks payable to: Valerie Patrick \$65 for 8 weeks/\$45 Private class/\$25 semi-private

Name _____

Address _____

Address _____

Town _____ State _____ Zip _____

Phone Number _____ e-mail address _____

Prior classes taken (list classes and year taken) _____

Physical limitations (list specifics please) _____

Health Problems / Issues (list specifics please) _____

How did you hear about us? _____

Emergency Contact:

Name: _____

Relationship (circle one): Parent Spouse Sibling Friend

Address: _____

Phone Number(s): _____

<u>Office Use Only:</u> Date: _____ Site: _____ Amount Received: _____ Cash / Check # _____

<u>Class type (check all that apply)</u>	
Pilates _____	Private _____
Yoga _____	Cardio Dance _____
Reformer _____	

You must notify us if you are dropping a class.
Missed classes must be made up within the current 8 week session.
All program members must have their own medical insurance to participate.
Each member must also sign the acknowledgement of risk and hold harmless agreement provided.

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ACKNOWLEDGMENT OF RISK AND HOLD HARMLESS AGREEMENT

In consideration of and as inducement to you enrolling me as a student of Valerie Patrick DBA Fitness & Dance of CNY of Cicero, N.Y., 13039, I represent and agree as follows:

I am presently in good health. I have been examined by a licensed physician within the past six months and have been found by such physician to be in good physical health and fully able to perform all exercises.

I understand and acknowledge that I am to receive instruction in theory and exercises only, and I will not hold Valerie Patrick DBA Fitness & Dance of CNY to any higher standard of care.

I hereby release, waive, discharge and covenant not to sue Valerie Patrick DBA Fitness & Dance of CNY, (all for the purposes herein referred to as "RELEASEES"), from all liability to the undersigned, her personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death or injury of the undersigned, whether caused by the negligence of the Releasees or otherwise while I am in or upon the premises used by Releasees.

I hereby assume full responsibility for and risk of bodily injury, death or property damage that maybe due to the negligence of Releasees or otherwise while I am in or upon the premises and/or while practicing exercises or other activities, programs or education offered by Releasees.

I expressly agree to indemnify and hold harmless Releasees, for any attorney's fees, court costs (not limited to taxable) and any other expense that may be incurred by Releasees, arising out of the necessity of defending any law suit instituted by virtue of injuries, death or property damage suffered by me, or injuries, death or property damage caused by me.

I hereby acknowledge that I have voluntarily chosen to participate in the Fitness/Dance Program (hereinafter called "program").

I understand the risks involved in the program. I recognize that the program and its activities involves risk of injury and I agree to accept any and all risks associated with it, including but not limited to property damage or loss, minor bodily injury, severe bodily injury, and death. I am voluntarily participating in the program with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, bodily injury, or death.

I further understand that protective equipment, no matter how well designed and maintained, cannot guarantee the prevention of bodily injury or death. I also recognize that no padding or other protective equipment can absolutely prevent possible head, neck or other potentially serious injuries that are possible while participating in the program.

In consideration of my participation in the program and to the fullest extent permitted by law, I agree to indemnify, defend and hold harmless Program instructors, volunteers and assigns from and against all claims arising out of or resulting from my participation in the program. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting there from.

I also understand that the Program does not provide any medical or dental insurance or life insurance to cover bodily injury, illness or death, nor insurance for personal property damage or loss, nor insurance for liability arising out of my negligent acts or omissions; and I acknowledge that I am completely responsible for my own insurance to cover these expenses.

I further understand that this assumption of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of New York and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I agree that this acknowledgment of risk and hold harmless is effective for as long as I participate in the program.

I have read and understand this acknowledgement of risk and hold harmless.

Signature: _____ Date: _____