

PILATES BY
LUCINDA.

Pilates Registration Form

PLEASE FILL IN AND EMAIL TO LUCINDANEETHLING@GMAIL.COM

Personal Details

Title:	Name:		
Gender:		DOB:	
Address:			
Mobile:		E-mail:	
Emergency Contact:			
Mobile:		E-mail:	
Relationship to you:			

Your Health

Are you currently experiencing any of the following conditions?	
Low back pain	Pelvic pain
Other spinal condition/operation	Arthritis
Asthma	Heart problems
High or low blood pressure	Diabetic
Epilepsy	Osteoporosis
Whiplash	
If you circled any of the above, please give further detail:	
Any other conditions:	
Are you pregnant?	If so, how many weeks?
Have you had any complications with your pregnancy / previous pregnancies?	
Have you given birth in the last year?	
Have you had any recent injuries or surgeries?	
If so, please give details:	

Signature: _____

Date: _____

Release of Liability:

This is a legally binding release, waiver, indemnification of liability, and express assumption of risk. This is a contract.

PLEASE READ CAREFULLY BEFORE SIGNING

1. GUEST HOUSE

I, the undersigned hereby irrevocably and unconditionally waive, release and hold harmless from liability SIMA KADE RETREAT, its owners and other guests (all three hereinafter known as Releasees) from any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever whether in law or equity, known or unknown, occurring during, caused by, relating to, or arising in any way from staying at SIMA KADE RETREAT.

I understand that attending a wellness retreat may involve voluntary participation in physical activities both indoors and outdoors, and certain exposure to wildlife and walks, steps, paths and roads that are uneven. With these, and all related activities, there is a certain element of risk. By accepting this waiver, I hereby acknowledge that participation and use of facilities and grounds are at my own risk, and that I assume all responsibilities for any and all aspects of participation.

I also understand that this Release and Waiver of Liability irrevocably and unconditionally releases and holds harmless all Releasees from any financial or other liability for any injury, bodily harm, sickness, illness, or loss of life that I may suffer and from any harm or loss of property occurring during, caused by, relating to, or arising in any way out of staying at SIMA KADE RETREAT.

2. PILATES BY LUCINDA

I understand that PILATES requires and includes physical movements. I realise that Pilates also provide relaxation, stress relief, stress education and awareness. As with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will notify the instructor, adjust my posture and listen to my body. I will not push my body too far and will ask for support from the teacher if needed.

I will practice Pilates only after discussing it with my doctor and gaining their approval. I affirm that I alone am responsible to decide whether to practice Pilates. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Pilates by Lucinda.

I, hereby agree to the following:

1. That I am participating in Pilates classes offered by Pilates by Lucinda, where I will receive information and instruction about Pilates. I understand that Pilates requires physical exertion which may be strenuous and may cause physical injury. I am fully aware of the risks involved.
2. I understand that it is my responsibility to consult with a physician prior to and in reference to my participation in Pilates classes. I warrant and represent that I am physically fit and have no medical condition that would prevent my full participation in Pilates.
3. In consideration of participating in Pilates, I agree to assume full responsibility for any risks, injury or damages, which I might incur as a result in practicing Pilates.
4. I knowingly and voluntarily waive any claim I might have against Pilates by Lucinda for injury or damages that I may sustain as a result of participating in this program.
5. I, my heirs or legal representative forever release, waive, discharge and covenant not to sue Pilates by Lucinda for any injury or death caused by their negligence or other acts.

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

Signature: _____

Date: _____