

Registration Form

Which class would you like to register for? Circle Liangong or Pilates

First name _____ Last name _____

Mailing address: _____

Email address: _____

Cell phone: ____ - ____ - ____

Emergency contact: _____

Emergency contact phone: ____ - ____ - ____

Please list any physical or mental limitations you have that may affect your participation in this class: (may contact me as well, or write on back of page)

For Liangong, which class time are you registering for?

Feb. 7th – April 10th, 10 classes \$ 165.00

Ober Park performance space, Wednesdays 1-2pm

17130 Vashon Hwy SW

OR

Feb. 6th – April 9th, 10 classes sliding scale \$150 – 175

Tree of Life Wellness Center, Tuesdays 5:30pm – 6:30pm

17331 Vashon Hwy SW

Checks payable to Arlette Moody or Zelle (use email)

To schedule Pilates classes, please email booking@arlettemoodymovement.com

1 hour session costs: private \$65 (\$325 for 5)

1 hour duet (two people): \$40 each person (\$200 for 5)

Pilates Waiver and Liability and Informed Consent Release

Clients of Arlette Moody

This release, waiver and hold harmless agreement is made by and between the undersigned (client) and Arlette Moody (instructor) and entered into on the day, month and year below.

I, _____, am enrolling in a program of physical activity including but not limited to the use of various Pilates equipment. I represent that I am in good physical condition and/or have informed Arlette Moody of all medical conditions, injuries past and present, and other physical limitation, including suspected pregnancy. I hereby affirm that I have and will keep Arlette Moody fully informed of any physical condition or disability that would prevent or limit my participation in this exercise program.

I fully understand that I may injure myself as a result of participation in the Pilates exercise and movement program. I accept responsibility for any injuries incurred, however caused, and occurring during or after my participation in said program.

In consideration of my participation of the Pilates exercise and movement program, I agree that I am participating at my own risk.

I, _____, for myself, my heirs, and assigns, hereby release Arlette Moody from any claims, demands and causes of action arising from my participation in the Pilates exercise and movement program.

You should consult with a physician before using her services or facility and you understand and acknowledge that Arlette Moody has no expertise in diagnosing, examining or treatment of any medical conditions. It is your responsibility to consult with a physician to determine if any medical conditions that may prevent you from starting an exercise program. Arlette Moody reserves the right to determine if you will start the exercise program. **YOU EXERCISE AT YOUR OWN RISK.**

I HEREBY AFFIRM THAT I HAVE READ AND UNDERSTOOD THE ABOVE.

Client name (please print)

Today's date

Client's signature

Waiver and Liability and Informed Consent Release

Liangong

This release, waver and hold harmless agreement is made by and between the undersigned (student) and Arlette Moody (instructor).

I fully understand that I may injure myself as a result of participation in the exercise and movement program. I accept responsibility for any injuries incurred, however caused, and occurring during or after my participation in said program.

In consideration of my participation of the Liangong Practice, I agree that I am participating at my own risk.

For myself, my heirs, and assigns, hereby release Arlette Moody from any claims, demands and causes of action arising from my participation in the exercise and movement program.

You should consult with a physician before using our services or facility and you understand and acknowledge that Arlette Moody, has no expertise in diagnosing, examining or treatment of any medical conditions. It is your responsibility to consult with a physician to determine if any medical conditions that may prevent you from starting an exercise program. Arlette Moody, reserves the right to determine if you will start the exercise program. YOU EXERCISE AT YOUR OWN RISK.

I HEREBY AFFIRM THAT I HAVE READ AND UNDERSTOOD THE ABOVE.

Date: _____

Student name (print) _____

Student signature _____