



**TERMS AND CONDITIONS**

1. Enrolment in any class will only be confirmed upon receipt of this form, duly completed together with payment of the relevant course fee. Class vacancies will be filled in the order of priority in which enrolment forms and course payments are received.
2. In regard to any medical condition disclosed on this form, participants undertake to obtain clearance from their relevant treating medical practitioner prior to enrolling in a SOFIT Pilates course.
3. Course fees are non-transferable and refunds for courses cancelled prior to their commencement will be given at the discretion of SOFIT Pilates. Any course cancelled with monies refunded will attract a cancellation fee of \$20.00.
4. No monetary credit will be given for missed classes, and make-up classes depend on available places in alternative session times during the current Term.
5. If, due to unforeseen circumstances, a class is cancelled due to the unavailability of a duly qualified instructor to teach that class, participants will be offered a monetary credit to the value of the cancelled class.
6. For reasons of hygiene and comfort, participants are required to bring along a towel large enough to lie on and a drink bottle.
7. In the interests of safety for all participants, and as class sessions are structured, those who arrive late will not be permitted to enter the class.

**ACKNOWLEDGEMENT**

Exercise is not without risk to the musculoskeletal and cardio-respiratory systems and I acknowledge I have voluntarily elected to participate in an exercise program with SOFIT Pilates. I will not hold SOFIT Pilates responsible for any personal injury loss or damage which may result from my participation in any proposed exercise program with SOFIT Pilates. Further, I agree to accept the above Terms and Conditions.

SIGNED \_\_\_\_\_

DATED \_\_\_\_\_ TERM \_\_\_\_\_ 2006

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(Noting classes fill quickly, please list a second preference if possible to avoid disappointment altogether)

I wish to enrol in the following Pilates Class

**INTRO CLASS** (If applicable) Day \_\_\_\_\_ Time \_\_\_\_\_

**LEVEL 1 / 2 CLASS** (1st Preference) Day \_\_\_\_\_ Time \_\_\_\_\_

(2<sup>nd</sup> preference) Day \_\_\_\_\_ Time \_\_\_\_\_

I attach cheque/money order for \$ \_\_\_\_\_