

SynergySystems® Fitness Studio

555 2nd St., Suite 1, Encinitas, CA 92024 ~ Phone: 760.632.5677 Fax: 760.494.3057 ~ info@synergypilates.com

Wunda Chair Repertoire and Updated Choreography

March 21st & 22nd, 2009

12-5 pm, both days

Course Instructor: Cathleen Murakami

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-mail: _____ Website: _____

Cost: \$150 per day – Saturday or Sunday (circle one)
 \$250 both days before March 6th

Dates: Saturday, March 21 & Sunday, March 22, 2009

Time: 12:00 p.m. – 5:00 p.m.

Cancellation Policy: No refunds, however you may transfer your deposit minus a \$45 administration fee, towards another course, as long as you use the amount within one year of initial Workshop/Event. **SynergySystems® Fitness Studio** reserves the right to postpone or cancel any course due to the lack of enrollment or other unforeseen circumstances, in this instance all fees will be refunded. _____ Initial

Method of Payment:

- Enclosed Check payable to **SynergySystems® Fitness Studio**
- MasterCard
- Visa

Card Number: _____ Expiration Date: _____

Last 3-digit code on back of card: _____ Zip: _____

Name on Card: _____

Signature: _____ Date: _____

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AGREEMENT OF RELEASE AND WAIVER LIABILITY

I, _____ hereby agree to the following:
(please print)

Assumption of Risk

I am aware that participating in an exercise program may be a hazardous activity. I acknowledge that a certain minimum level of physical health, strength, fitness, and flexibility will be required. I voluntarily participate in these activities with knowledge of the risks of injury.

Release

Participant is aware that participation in this exercise program may result in accident or injury. Participant assumes the risk connected with the participation and represents that he/she is in good health and suffers from no physical impairment which would limit their use of Synergy Systems® facilities. Participant acknowledges that Synergy Systems® Fitness Studio and any or all of their officers, contracted teachers, employees, and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of personal injury, property damage, death or loss of any kind resulting from or related to participant's use of the facilities or participation in any class or activity within the facility's premises and participant agrees to release all of the above named parties from full and complete responsibility. I voluntarily agree to the terms and conditions stated above. I also understand that I am contracting Synergy Systems® for a Training Program.

Signature

Date