

# SynergySystems® Fitness Studio

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

## SPINE WORKSHOP

5<sup>th</sup> of 8 Pilates SAS (stretch-align-strengthen) Weekend Workshops  
with Cathleen Murakami

**August 21 - 23, 2009**



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**Cost:** \$450.00 – 15-Hour Weekend Workshop

**Course Texts:** Anatomy of Movement by Blandine Calais-Germaine  
Body3 by Thomas Myers purchase online at [www.anatomytrains.com](http://www.anatomytrains.com)

**Dates & Times:** Friday, August 21, 2009 (5-8 PM)  
Saturday, August 22, 2009 (12-6PM)  
Sunday, August 23, 2009 (10-4 PM)

**Cancellation Policy:** No refunds, however you may transfer your payment minus a \$35 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

### 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.

### Agreements

1. The course participant acknowledges that she/he has sufficient mental and physical health to participate in this strenuous program. The student participates in the program at her/his own risk and agrees to release collectively all **SynergySystems® Fitness Studio** instructors and staff from any and all liability.
2. SSFS Pilates Instructor Certification Course makes no representation or warranties concerning the user or application or movement lessons and/or procedures taught in this course.
3. SSFS Pilates Instructor Certification Course reserves the right to terminate any student from the program for any of the following reasons: anyone who misrepresents themselves and is not qualified to take this course or for misconduct. Misconduct is defined as, but not limited to: alcohol or drug use, violent behavior, sexual misconduct, verbal or physical abuse, property damage, theft, inappropriate attire, violation of SSFS course requirements and guidelines or what SSFS deems as unprofessional conduct
4. The course participant acknowledges that by attending all workshops and labs, as well as completing observation & self-practice hours does not guarantee a certificate of completion.
5. The course participant is employing **SynergySystems® Fitness Studio** for the purpose of instruction. In consideration for this instruction, I hereby release **SynergySystems® Fitness Studio** and its agents, employees, and contracted instructors, and agree to hold them harmless from any and all liability claims, damages, actions and cause of action whatsoever, for loss, damages or injury to person or property, irrespective of how arising and however caused, including, but not limited to, all kinds and degrees or extent of negligence with which **SynergySystems® Fitness Studio**, its agents, employees, or contracted instructors may be charged in connection, directly or indirectly, with those volunteering to be a demonstration participant.
6. The course participant further agrees that all of their physical and medical conditions, limitations and sensitivities, have been disclosed and agrees to release **SynergySystems® Fitness Studio**, its agents, employees, and contracted instructors harmless from any liability, claims, damages, actions and causes of action in any way relating to or arising from said conditions, limitations or sensitivities.
7. The course participant further agrees that **SynergySystems® Fitness Studio**, its agents, employees and contracted instructors shall not be liable for any claims, demands, injuries, damages, actions or causes of action whatsoever arising out of, or connected with, the use of any of its services, facilities, instruction (written or verbal) or equipment. I hereby expressly forever release and discharge **SynergySystems® Fitness Studio**, its agents, employees, and contracted instructors from all such claims, demands, injuries, damages, actions or causes of action, and from all acts of active or passive negligence on the part of **SynergySystems® Fitness Studio**, its agents, employees, or contracted instructors.
8. The course participant agrees to have read all Course Requirements and guidelines, and understands he/she is responsible for all required paperwork and clarification of any SSFS Course Guideline or procedure if necessary.

By signing this I acknowledge that I have read and understand all of the requirements and guidelines of the program, and that I agree to all of the terms, conditions and regulations as stated above.

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Signature of Applicant

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Date