

<p>PLEASE PRINT CLEARLY IN CAPITAL LETTERS</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Address: _____ _____</p> <p>Phone Number: _____</p> <p>Birthday (MM/DD/YYYY): _____</p> <p>Email Address: _____</p>	<p>What class you're attending: <input type="checkbox"/> Acro Yoga <input type="checkbox"/> Calisthenics</p> <p>Private <input type="checkbox"/> Bungee <input type="checkbox"/> Open Gym <input type="checkbox"/></p> <p>Former training background: _____</p> <p>Your training goals: <input type="checkbox"/> Health and fun <input type="checkbox"/> Advanced /professional <input type="checkbox"/> Weight loss, muscle tone</p> <p>Your goals: <input type="checkbox"/> _____</p> <p>Emergency Contact Tel: _____</p> <p>How did you hear about us? _____</p>
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Please list any injuries, surgeries, ailments, medications or medical conditions that the instructor should be aware of:

Please consult your physician prior to starting an exercise or fitness program, and prior to using the facility. You are aware that there are risks associated with participating in fitness activities and exercise. Your participation is completely voluntary, and you freely accept and fully assume all responsibility for all risks, and all possibilities of personal injury, death, property damage or loss to yourself or any other person as a result of your participation in fitness activities. You and your heirs, next of kin, executors, administrators and assigns agree:

- To waive all claims, known or unknown, that you have or may have in the future against Ultimate Calisthenics, including its owners, employees, volunteers, independent contractors and site property owners.
 - That Ultimate Calisthenics is not responsible for any damage to, loss or theft of your property.
 - To release and forever discharge Ultimate Calisthenics from all liability for any personal injury, death, property damage or loss resulting from your participation in fitness activities due to any cause, including but not limited to negligence, breach of any duty imposed by law, breach of contract or error in judgment of Ultimate Calisthenics; and
 - To be liable for and to hold harmless and indemnify Ultimate Calisthenics from all actions, proceedings, claims, damages, costs demands, including court costs on a solicitor and own client basis, and liabilities whatsoever nature or kind arising out of or in any way connected with your participation in fitness activities.
 - It is my responsibility to ascertain there is no medical reason to prevent my participation in the practice of any type of program offered at Ultimate Calisthenics
 - As consideration for being allowed to participate in any classes or activities at Ultimate Calisthenics or off-premise location (to include, but not limited to, workshops and retreats), I release Ultimate Calisthenics, its owners, instructors, or any other person or entity in any way involved there with from any and all claims arising out of my participation.
 - I recognize that the agreement of release and waiver of liability is a legal contract and that, by reading it carefully, I have complete knowledge of its contents.
 - I agree (initial here _____) to photographs and video being taken by the instructors or involved parties where conditions allow as a part of improvement and promotional effort by Ultimate Calisthenics.
 - Skipped or missed classes are non-refundable.
- Cancellation Policies (applies only for month-to-month payments).**
Cancellation deposit fee: Class 1 hour: \$30, Class 1.5 hours: \$50, Bungee: \$40, Private \$50.
 In case of cancellation an emergency or other reason in a middle of season you need to give 2 weeks notice or you will not be eligible for cancellation deposit refund.
- Cancellations due to injury or medical issues can receive a partial refund with the submission of an official doctor's note.
 - I have carefully read and fully understand and agree with the above legal contract and sign it of my own free will and I am over the age of 18.

Participant signature: _____ Date: _____

If the participant is under 18 years of age: As legal guardian I consent to the above conditions and terms.

Guardian name: _____ Signature of guardian: _____ Date: _____

CALISTHENICS KIDS AND ACRO YOGA PRICE LIST

1 Hour Class	Season package/month	Price/Hour	Regular price/month	Price/Hour
1 class/week	\$115	\$25	\$130	\$30
2 classes/week	\$190	\$22	\$220	\$25
3 classes/week	\$260	\$20	\$280	\$22

1.5 Hours Class	Season package/month	Price/Hour	Regular price/month	Price/Hour
1 class/week	\$150	\$23	\$170	\$26
2 classes/week	\$260	\$20	\$290	\$22
3 classes/week	\$330	\$17	\$350	\$18

HST is not included
 Pricing is based on 4.33 week in a month
 Family package offers 30% off for a parent class
 Payment must be provided for a full term on a monthly basis
 Siblings get 10% 1 time/week, 15% 2 times/week and 20% 3 times/week
 No doubles on promotions
 Trial session \$20 + HST
 Makeup classes should be completed within a payment period. No refunds

If registration occurs in a middle of a month, monthly payment for that month will be prorated based on number of the training sessions for that month as following: 1 time/week 1 hour class - \$30 and 1.5 hours class - \$40, 2 hours/week 1 hour class - \$25 and 1.5 hours class - \$35.

Payment must be provided at the time of the registration for the current month. If decided to enroll on a month-to-month basis, a cancellation fees must be included in the payment, see Cancellation Policy on the page 1 of this Agreement.

This clause is for the enrollment with the contract for the season ending at the end of June.

By signing this Agreement, I accept to provide payment information to Ultimate Calisthenics for withdrawal on the 1st date of every month till the end of the season in June. If in any case I choose to cancel this Agreement, based on the Cancellation Policy on the page 1 of this Agreement, I will forfeit the discounted rate for previously paid months and pay that difference for all paid months as a onetime penalty (based on the difference between the regular monthly rate and the contract monthly rate).

Payment type:

Credit/Debit Card Number: _____, Exp date: _____, CW2 _____

Full name: _____ Signature: _____ Date: _____