

## CERTIFICATION APPLICATION FORM

Name		_ Date	
Address			
City	_ State	Zip	
Home Phone	_ Work Phone	-	
email		-	
Occupation	_ Employer	-	
Date of Birth		-	
Course(s) of Enrollment: [] Fundamentals I [] Fun	damentals I & II, Essential & Professional		
Describe your physical fitness/movement history			
Do you have any injuries or physical conditions that would limit your participation in the program?			
Please describe your teaching experience			
Please list any other training/certificates			
Please describe your previous Pilates experience			
Why do you wanto to learn and teach the Pilates work	?		
Please list all previous workshops completed with Kar	thy Corey		



## WAIVER OF LIABILITY AND INFORMED CONSENT

The undersigned participant acknowledges that he/she has voluntarily agreed to participate in the Kathy Corey Pilates Exercise Program. The undersigned is aware that participation in the program involves physical activity and includes the use of exercse equipment. Participant acknowledges that he/she is participating in the program with the knowledge of potential risks and agrees to assume any and all risks associated with participation in the program. The creators, producers, participants and distributors of this exercise program disclaim any liabilities or loss in connection with the exercises or advice provided.

The undersigned agrees to hold harmless Kathy Corey and the Kathy Corey Exercise Program, their officers, agents and employees from and against any and all claims, loss, injury, damage, cost, charges, expenses including attorney's fees, which the undersigned may suffer or incur as a result in the exercise program offered by Kathy Corey and Kathy Corey Pilates.

The undersigned agrees that no refunds will be given for cancellations during the course and acknowledges full responsibility for payment in full of the course once enrolled in the course.

## Courses Enrolled:

Fundamentals I (Mat work and Small Apparatus only)

Fundamentals I & II, Essentials and Professional

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By signing this agreement the undersigned acknowledges that he/she has fully read and understands all of the requirements and the guidelines of the program and agrees to all the terms, conditions and regulations.

Date		
Signature of Participant		
Print Name of Participant		