



Peak PilateSystem® Peak to Peak Workshops
Registration Packet for 2007

Name: Business Name:

Address:

City: State: Zip:

Email:

Daytime Phone: Cell: Evening phone:

Please check the Workshop(s) you would like to attend:

- October 12 (2:00 - 6:00) Easy Chair
November 30 (2:00 - 6:00) Driving Upside down and inside out: The Cadillac

Price of each Workshop - \$125.00

Total Amount Payable \$

I UNDERSTAND all the requirements and guidelines of this instructor education. 1. This is a strenuous program designed only for individuals both mentally and physically fit. 2. I will participate in the program at my own risk. 3. I also understand that to be enrolled in this course I need to have a current CPR certification . I am 18 years of age or older. I RELEASE Peak Pilates and their employees from any and all personal injury or other liability arising out of my participation in the program. In addition, I agree to indemnify, defend and hold harmless Peak Pilates and their respective directors, officers, employees and agents from and against any and all loss, liability, cost or damage to other persons or to property arising directly or indirectly from my actions during the program. I AGREE to all the program's terms and conditions; and all rules, policies and regulations of Peak Pilates. Peak Pilates reserves the right to terminate any student from the program for misconduct. In the event of termination from the program for misconduct, no refund will be issued. Misconduct is defined as alcohol or drug use, disorderly conduct, violent behavior, sexual misconduct, verbal or physical abuse, property damage or theft. Peak Pilates reserves the right to cancel instructor education session if there are less than the minimum number of registered participants, in which case the tuition paid will be reimbursed. No refund will be issued to students who cancel less than two weeks before the course begins. There is a 3% cancellation fee on all credit card transactions. Students will not be admitted to class if payment has not been received.

Signature Date

Payment Methods:

- Check (please make payable to Peak Pilates)
MasterCard # exp. date
Visa # exp. date
AMEX # exp. date

Please send this form with payment to: Peak Pilates
Attn: Education Department 5555 Central Ave., Ste 200,
Boulder, CO 80301 Phone:1-800-925-3674/303-998-1531
Fax: 303-473-9142 education@peakpilates.com

If your name or billing address for credit card is different from above then please print here:

STUDENT CONFIDENTIALITY CONTRACT

THIS AGREEMENT (the "Agreement") is made and entered into effective as of _____, between Peak Body Systems, Inc., a Colorado corporation, d/b/a Peak Pilates (the "Company") and _____ ("Student").

1. Confidential Information. Student acknowledges that the training content (intellectual property), proposed training materials, program schedules, promotional plans, proposed structure, designs, formulas, documentation, software, know-how, information, observations, data, customer and suppliers lists, costs, and other trade secrets and confidential information of the Company (collectively "Confidential Information") are valuable, special and unique assets of the Company. Student shall not, at any time, directly or indirectly, distribute, use, or disclose "Confidential Information" to any person other than authorized officers or personnel of the Company. The foregoing restrictions upon Student shall not apply to the extent of such information:

- (a) is in the public domain or otherwise available to the public, or becomes a part of the public domain or available to the public through no fault of Student;
- (b) is provided to Student through an independent third party owing no obligation of confidentiality to the Company with regard thereto;
- (c) was in Student's possession or was within Student's knowledge prior to her/his association with the Company; or
- (d) is required, by law or court order, to be disclosed.

2. Governing Law. This Agreement and the rights and obligations hereunder shall be governed by and construed in accordance with the laws of the State of Colorado.

3. Venue; Attorney Fees. The sole forum for resolution of any dispute regarding this Agreement or its modification or termination shall be the District Court for the State of Colorado located in Boulder, Colorado. The prevailing party shall be entitled to all costs and expenses incurred in connection with the dispute and its resolution, including reasonable attorney fees.

4. Injunctive Relief. If there is a breach or threatened breach of Section 1 of this Agreement, the Company shall be entitled to an injunction, without bond, restraining Student. Nothing herein shall be construed as prohibiting the Company from pursuing any other remedies for such breach or threatened breach.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the day and year first above written, to be effective from the date of this Agreement.

STUDENT SIGNATURE:

Participant Medical History

Name: _____ Date: _____

Do you now, or have you ever been treated for any of the following conditions:
(Please circle and explain where applicable)

ARTHRITIS

CHRONIC ILLNESS

DIABETES

DIFFICULTY WITH EXERCISE

EATING DISORDERS

ELEVATED CHOLESTEROL

HEART PROBLEMS/ABNORMAL EKG

HIGH BLOOD PRESSURE

LUNG PROBLEMS

SEIZURES

ORTHOPEDIC PROBLEMS: (Circle) Back Feet Joint Knee Neck Other

Please Explain: _____

List any accidents or injuries (falls, automobile, athletic, childhood, etc.)

Please Explain: _____

Surgeries & Dates: _____

Have you been released to exercise? Yes No

List medical professionals you are currently seeing for chronic problems _____

Please include family practitioner, osteopaths, chiropractors, massage therapists, etc.

Name	Phone	Name	Phone

May we phone them to discuss your exercise program? Yes No

Pilates Participation Health Screening

Have you ever had an MRI? _____

When and what was the outcome: _____

Do you have any physical conditions that may require you to not fully participate in any exercise? _____

Please check any of the following conditions that apply

_____ Back trouble

_____ Neck trouble

_____ Shoulder problems

_____ Knee problems

_____ Other joint problems

_____ Hypertension (high blood pressure)

_____ Hypotension (low blood pressure)

_____ Glaucoma

_____ Diabetes

_____ High Anxiety

_____ I am pregnant

_____ I am trying to get pregnant

_____ I smoke

_____ I have had surgery in the last 2 years

_____ I have other medical concerns

If any of the above are checked, please clarify: _____

I am interested in learning more about:

_____ Back health

_____ Core stability

_____ Posture

_____ Relaxation

_____ Other, please clarify: _____

Student Professional Code of Conduct

As a student enrolled and taking part in a Peak Pilates System Education Program, I agree to the following rules as part of my enrollment and participation in this program. My signature at the bottom of this document also signifies that I have asked or have been informed of all the following student rules of conduct/standards expected from me while enrolled in Peak Pilates Education Programs.

1. I understand all the requirements and guidelines of this training.
2. I will be on time for all training sessions and will attend for the entirety of the training, or as indicated by the Pilates Instructor.
3. This program is designed only for individuals both mentally and physically fit.
4. I agree to participate in the program at my own risk.
5. I release Peak Pilates and/or the studio/facility hosting program and their employees from any and all personal injury or other liability arising out of my participation in the program. In addition, I agree to indemnify, defend and hold harmless Peak Pilates and/or the studio/facility hosting the program and their respective directors, officers, employees and agents from and against any and all loss, liability, cost or damage to other persons or to property arising directly or indirectly from my actions during the program.
6. In the event of termination from the program for misconduct, no refund will be issued. Misconduct is defined as alcohol or drug use, disorderly conduct, violent behavior, sexual misconduct, verbal or physical abuse, property damage theft or acts or omissions that jeopardize the health or safety of program participants or instructors.
7. I acknowledge that the training content (intellectual property), proposed training materials, program schedules, promotional plans, proposed structure, and design are the sole property of Peak Pilates and I will not directly or indirectly distribute, use, or disclose this information to any person.

Student – Printed Name

Student – Signature

Date

Training location – City & Studio: _____

Training Dates: _____