

## PERSONAL DETAILS:

<b>Name:</b>	
--------------	--

## TERMS AND CONDITIONS

By enrolling in this course you enter into a legally binding agreement with the Exercise Class Operator -BODYSMART HEALTH SOLUTIONS PTY LTD, trading as "BODYSMART HEALTH CENTRE" and agree to comply with and adhere to the following terms and conditions:

1. Enrolment in any session will only be confirmed upon receipt of this form, duly completed together with payment of fees for the sessions enrolled in. Session availability will be filled in the order in which enrolment forms and session payments are received (i.e. 'first in, best dressed').
2. In regard to any medical condition disclosed on this form, participants undertake to obtain clearance from their medical practitioner prior to enrolling in these sessions.
3. Credits for non-used sessions will be given only in the case where a valid medical certificate is presented to Bodysmart Health Centre that is issued by a certified General Practitioner or Bodysmart Physiotherapist and at the sole discretion of Bodysmart Health Centre.
4. If, due to unforeseen circumstances, a session is cancelled because of the lack of a duly qualified Instructor, participants will be notified and arrangements will be made to add a make-up session.
5. If you are unable to make a session we ask that you give us a minimum of 24 hrs notice. Participants will be billed the normal session fee if less than 24 hrs notice is given.
6. It is the participants responsibility to book their sessions through Bodysmart Reception via phone or email. Five, 10 and 25 pack purchases are valid for 2,4 and 12 months respectively. Any unused credit will be forfeited if not utilised within this timeframe.

## DECLARATION

Bodysmart Physiotherapists will take utmost care to ensure your health and safety is a primary concern however we need to make you aware that exercise is not without risk to the musculoskeletal and cardiovascular systems.

I acknowledge I have voluntarily elected to participate in an exercise program with BODYSMART HEALTH CENTRE. I will not hold BODYSMART HEALTH SOLUTIONS responsible or liable for any personal injury or loss or damage which may result from my participation in any proposed exercise program with BODYSMART HEALTH SOLUTIONS.

Further, I agree to accept the above Terms and Conditions.

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

## ENROLMENT

Please enrol me in:

1:3 Reformer Pilates Session Packs			1:2 Reformer Pilates Session Packs		
<input type="checkbox"/> 5 Pack	\$300	- \$60/session (Valid 2 months)	<input type="checkbox"/> 5 Pack	\$450	- \$90/session (Valid 2 months)
<input type="checkbox"/> 10 Pack	\$550	- \$55/session (Valid 4 months)	<input type="checkbox"/> 10 Pack	\$825	- \$82.50/session (Valid 4 months)
<input type="checkbox"/> 25 Pack	\$1,250	- \$50/session (Valid 12 months)			

**PAYMENT**

---

Payment via (please circle):      Cash   |   EFTPOS   |   Credit

I \_\_\_\_\_ authorise Bodysmart Health Solutions to deduct \$\_\_\_\_\_ from my

☐ VISA

☐ MASTERCARD

**Card number:**

**Card expiry:**

/  /

**Credit card verification / CCV:** (last 3 digits on back of card)

**Name on card:**\_\_\_\_\_ **Signature of card holder:**\_\_\_\_\_

Please fax completed form to (08) 9481 8709 or scan and email to [reception@bodysmart.com.au](mailto:reception@bodysmart.com.au)