

Booking Information and Policy

All of our Pilates Courses that are pre-paid in advance are non-refundable under any circumstances. The pre-payment represents your commitment to all the sessions inclusive of the dates given for that block. These payments are not transferrable to any other course or session. Under circumstances of staff illness or cancellations on our part due to unforeseen circumstances such as weather we will offer an alternative date to replace the missed session, no refunds will be issued. We ask that payment for courses be sent no later than a week before the start date. Payment secures your place and we will not hold a place without payment.

Pilates Participation Informed Consent:

I can confirm I have provided all relevant information regarding my health status and that Belper Pilates Studio will not be held responsible for any injury or ill health occurring during or as a result of the class. I understand that there exists the possibility of certain dangers when exercising. They include abnormal blood pressure, fainting, irregular, fast, or slow heart rhythm, and in rare instances, heart attack, stroke, or death. Every effort will be made to minimise these risks by the evaluation of preliminary information relating to your health and fitness and by observations during exercise.

I understand that I must stop exercising and inform the instructor if I feel unwell, if I have any pain, or if I am unable to do the exercise. I am aware that there are risks of exercising using Pilates equipment (such as a gym ball, Pilates ball, foam rollers, Pilates Reformer, weights) which include falls due to the unstable nature of the exercise. Gym balls on rare occasions may deflate or burst and I understand I am exercising at my own risk with a gym ball. I understand that there is a risk using exercise bands such as breakage or eye injury and I use these at my own risk and understand that it is not compulsory to use them or any other equipment within the class.

I understand that it is recommended that I do a 1-2-1 session prior to attending the mat work classes for safety and to advise on injuries and give exercise alternatives to work round an injury or health problem, of which **I have declined/attended.**

Signed.....Print.....Date.....

Consent & Data Protection

Please Complete the Statements below

Here at Belper Life-Fitness & Performance Physiotherapy and Belper Pilates Studio we take your privacy very seriously and we only use your personal information to provide the services you have requested from us. We do not share your information with any other parties in relation to your health unless you have given us your consent to do so. You have the right to withdraw your consent at any time regarding the below statements.

1. Would you like to receive text message appointment reminders **YES** **NO**

2. Please tick how you are happy to be contacted by us (Please Tick)

	YES	NO
TEXT		
PHONE		
EMAIL		
POST		
FACEBOOK		

3. Can we leave voicemails on the phone numbers you have provided us (Please Tick)

	YES	NO
MOBILE		
HOME		
WORK		

4. Would you like to receive our monthly Pilates Timetable via email (This will let you know of any class changes, cancellations (due to illness, weather, or holidays) and future courses. You can unsubscribe anytime) **YES** **NO**

5. Approximately 3-4 times per year we send Clinic News or promotional offers via email (such as discounts, vouchers, special occasion offers, open days, free taster sessions). Please Tick if you would like to receive this (you can unsubscribe anytime). See privacy policies for us and MailChimp as required. **YES** **NO**

6. Can we email you exercise programs relating to your Physiotherapy Treatment or Pilates Teaching **YES** **NO**
(These are via Rehab My Patient, visit their website to view their privacy policy)

Name _____ Signed _____ Date _____