



Pilates Retreat Booking Form

Name	
Telephone No.(s)	
Address	
E-mail	
Emergency Contact	
Retreat Location & Date	

Deposit: To secure your place return this form with your non refundable deposit of £140 or the full retreat fee of £295, at least 3 months in advance of your chosen retreat. Full payment must be received 30 days prior to the retreat. Cheques payable to Leeds Pilates Place: Chantry House, Victoria Road, Kirkstall, Leeds LS5 3JB

Further Information: Please give details of any allergies, dietary requirements or other relevant information.

Do you suffer from any of the following?

- | | | |
|---|----------|----------|
| • A heart condition | Y | N |
| • Asthma or bronchial problems | Y | N |
| • High blood pressure | Y | N |
| • Low blood pressure | Y | N |
| • Arthritis | Y | N |
| • Epilepsy | Y | N |
| • Severe headaches or dizzy spells | Y | N |
| • Joint or muscle injury | Y | N |
| • Are you pregnant? | Y | N |
| • Do you know of any reason you should not exercise? | Y | N |
| • Do you agree to disclose any changes in your health/fitness status? | Y | N |

Please state any other health conditions or injuries which would affect your ability to exercise:

Declaration: I _____ confirm that there are no injuries or illnesses that prevent me from exercising and agree to disclose any changes to my health and fitness while under your instruction. Whilst every care will be taken to keep me safe healthy and injury free I take responsibility for my own well being. I also confirm that I have comprehensive travel insurance and I will have all my relevant documentation with me at all times while on the trip.

Sign: _____ Date: _____

