



ARMONE'S
CORE CONNECTION

Pilates Certification Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____

Occupation _____ Employer _____

DOB _____

Describe your physical fitness/movement history:

Do you have any injuries or physical conditions that would limit your participation in the program?

Please list any other training/certificates:

Please describe your previous Pilates experience:

Why do you want to learn and teach Pilates?

Application Fee: \$50 (Nonrefundable)



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Enrollment Agreement

WAIVER OF LIABILITY AND INFORMED CONSENT

The undersigned participant acknowledges that he/she has voluntarily agreed to participate in Armone's Core Connection Pilates Exercise and Certification Program. The undersigned is aware that participation in the program involves physical activity and includes the use of exercise 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 Armone Sullivan and the Armone's Core Connection Exercise Program and Certification, 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 Armone Sullivan and Armone's Core Connection, Inc.

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

All written and video materials including brochures, flyers, exercise programs, handouts, DVD's are the copyright of Armone's Core Connection, Inc. All rights reserved. No part of these materials may be used or reproduced in any manner whatsoever without written permission.

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