



PEAK PILATES® REGISTRATION PACKET

Application Process:

Please follow these steps to ensure that you are submitting everything needed for registration (Incomplete registration packets will not be processed).

1. Complete the entire registration packet.
2. Indicate which program(s) you are registering for by checking the appropriate box as well as entering where and when it will be held.
3. Total Fees include program fee, all required education materials and shipping costs (expedited materials will be subject to additional charges). Please note that we cannot ship to a PO Box. An overview of the inclusion of the Total Fees is on the last page.
4. Read and sign the Student Contract Terms and Agreement and accurately complete the Medical History Form.
5. Submit a copy of your CPR certification for all programs except MVe. If you are registering for any of our MVe Trainings you will need to submit a copy of either a fitness or pilates certification or a copy of your diploma from a four year college in a field related to Exercise Science. This should be included with the packet.
6. Completion of an anatomy course is highly recommended for certifying programs.
7. There is required reading for our PPS and Mat programs prior to the Instructor Education start date and these may be purchase through Amazon.com:
A Pilates Primer, The Millenium Edition by Joseph H. Pilates and
Anatomy of Movement by Blandine Calais Germain
8. Include credit card information for payment and send via fax to 720-208-2298 or mail. If you are paying by check please mail in with your completed form to:
Address: Peak Pilates Attn: Education
5555 Central Ave. Suite 200
Boulder, CO 80301
9. Your registration will be processed within two weeks of receiving it (unless it must be expedited due to late registration). An email confirmation will be sent as soon as it is processed.

Please Print Clearly:

First Name:		Last Name:	
Business Name (if applicable):			
Address:			
City:	State:	Zip Code:	
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			



TOTAL FEES START DATE CITY/STATE

Workshops:

<input type="checkbox"/> Level I Chair	\$ 338.25		
<input type="checkbox"/> Level II Chair	\$ 338.25		
<input type="checkbox"/> Level I Barrel	\$ 338.25		
<input type="checkbox"/> Level II Barrel	\$ 343.00		
<input type="checkbox"/> Level I & II Chair	\$ 587.95		
<input type="checkbox"/> Level I & II Barrel	\$ 592.70		
<input type="checkbox"/> Level I Chair & Barrel	\$ 587.95		
<input type="checkbox"/> Level II Chair & Barrel	\$ 592.70		
<input type="checkbox"/> Intro to Pilates	\$ 388.25		

Programs:

<input type="checkbox"/> Basic Mat	\$ 412.85		
<input type="checkbox"/> Basic & Inter. Mat Intensive	\$ 848.95		
<input type="checkbox"/> Intermediate Mat	\$ 433.50		
<input type="checkbox"/> Advanced Mat	\$ 483.50		
<input type="checkbox"/> *PPS-I	\$2413.30		
<input type="checkbox"/> *PPS-II	\$1257.55		
<input type="checkbox"/> *PPS-III	\$1057.55		

*If you register three weeks prior to the start date you will receive a discount off the PPS **Program Fee** (PPS-I total fees = \$2213.30, PPS-II total fees = \$1145.05, PPS-III total fees = \$965.05).

- I would like to request expedited shipping. Additional charges will apply.
- I have already purchased materials. Please state what you have and we will exclude this from your total fee: _____

Payment Information:

- Check/Money Order (make payable to Peak Pilates)
- Visa
- MasterCard
- American Express

Credit Card #

Expiration Date (month/year)

3 or 4 Digit Code (on back of card)

Name as it appears on card: _____

Billing Address (if different from shipping): _____

* I authorize the Total Amount Payable above to be charged to my credit card

Signature

Date

Student Contract Terms and Agreement

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 Peak Pilates (collectively "Confidential Information") are valuable, special and unique assets of Peak Pilates. 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 Peak Pilates. 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 Peak Pilates with regard thereto;
- (c) was in Student's possession or was within Student's knowledge prior to her/his association with Peak Pilates; 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, Peak Pilates shall be entitled to an injunction, without bond, restraining Student. Nothing herein shall be construed as prohibiting Peak Pilates from pursuing any other remedies for such breach or threatened breach.

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.
3. This program is strenuous and designed only for individuals both mentally and physically fit.
4. Peak Pilates does not allow anyone who is pregnant to participate in any Peak Pilates course or workshop.
5. I also understand that to be enrolled I need to have a current CPR certification and must remain current throughout the entire training. To attend any MVE training, I understand that I must either hold a pilates or fitness certification or a four year degree in an Exercise Science related field.
6. I am 18 years old or older and agree to participate in the program at my own risk.
7. 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.
8. In the event of termination from the program for misconduct or falsified medical history form, 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.
9. If I withdraw from a program or transfer into another, I will incur a \$100 cancellation fee for all PPS courses and a \$50 cancellation fee for all Mat or CEC courses. There is also a 3% cancellation fee on all credit card transactions. No refunds will be given if I cancel after the start date. I must contact Peak Pilates prior to the start date or I forfeit any rights to the tuition paid.
10. If I need to defer my training for any reason, I must contact Peak to make arrangements prior to deferment. There will be a \$50 automatic administrative fee and other charges may apply.
11. 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.
12. California, Texas and Colorado residents will be subject to tax on materials.

*** I have read, understand and agree to all of the terms stated above.**

Signature

Date

Name:

Peak Pilates
5555 Central Ave. Suite 200
Boulder, CO 80301

phone: 800.925.3674
fax: 303.473.9142
education@peakpilates.com



Do you currently take Pilates sessions? If yes, please answer the following (circle which apply):

How many sessions per week? 1-2 3-4 5-7
At what level? Beginner Intermediate Advanced
What do you study? Mat Reformer Cadillac
Who do you study with? _____
Do you hold any certifications? _____

Medical History

Do you have any of the following conditions? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Back Trouble | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Neck Trouble | <input type="checkbox"/> High Anxiety |
| <input type="checkbox"/> Shoulder Problems | <input type="checkbox"/> I am pregnant |
| <input type="checkbox"/> Knee Problems | <input type="checkbox"/> I smoke |
| <input type="checkbox"/> Joint Problems | <input type="checkbox"/> Bleeding or Clotting Disorder |
| <input type="checkbox"/> Hypertension/Hypotension | <input type="checkbox"/> I have passed out during exercise |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> I have felt dizzy during exercise |
| <input type="checkbox"/> Glaucoma | |
| <input type="checkbox"/> I have been released to exercise by a physician | |
| <input type="checkbox"/> I have had surgery in the last 2 years | |
| Please explain: _____ | |
| <input type="checkbox"/> I have other medical concerns | |
| Please explain: _____ | |

Do you have a history of? (Check all that apply)

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Spinal Injury | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Back Pain |

If you have answered yes to any of the above conditions, please specify diagnosis, treatment and outcome:

Do you have any physical conditions that may hinder your ability to fully participate in any exercise?

Please list any current medications you are taking

How did you hear about Peak Pilates?

- | | |
|--|---|
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Email |
| <input type="checkbox"/> www.peakpilates.com | <input type="checkbox"/> Tradeshow _____ |
| <input type="checkbox"/> Craigslist | <input type="checkbox"/> Studio _____ |
| <input type="checkbox"/> Google | <input type="checkbox"/> Instructor _____ |
| <input type="checkbox"/> Yahoo | <input type="checkbox"/> Other _____ |



Early registration pricing (if payment is received 3 weeks prior to start date) is discounted off the program fee and only applies to PPS programs. Express shipping will incur additional costs.

<u>Program Fee</u>	<u>Required Materials And Total Material Fee</u>	<u>Shipping Fee</u>	<u>TOTAL FEES</u>
PPS-I \$2200 (*discounted rate = \$2000)	PPS-I manual and DVD \$200.35	\$12.95	\$2413.30
PPS-II \$1125 (discounted rate = \$1012.50)	PPS-II manual and DVD \$119.60	\$12.95	\$1257.55
PPS-III \$925 (discounted rate = \$832.50)	PPS-III manual and DVD \$119.60	\$12.95	\$1057.55
Basic/Inter. Mat Intensive \$650	Basic & Intermediate Mat manuals & education & workout DVDs \$186.00	\$12.95	\$848.95
Basic Mat \$299.95	Basic Mat manual and education and workout DVDs \$99.95	\$12.95	\$412.85
Intermediate Mat \$375	Intermediate Mat manual \$45.55	\$12.95	\$433.50
Advanced Mat \$425	Advanced Mat manual \$45.55	\$12.95	\$483.50
Chair Level I \$275	Chair Level I manual \$50.30	\$12.95	\$338.25
Chair Level II \$275	Chair Level II manual \$50.30	\$12.95	\$338.25
Barrel Level I \$275	Barrel Level I manual \$50.30	\$12.95	\$338.25
Barrel Level II \$275	Barrel Level II manual \$55.05	\$12.95	\$343.00
Chair Level I and II \$500	Chair Level I and II manuals \$75.00	\$12.95	\$587.95
Chair and Barrel Level I \$500	Chair and Barrel Level I manuals \$75.00	\$12.95	\$587.95
Barrel Level I and II \$500	Barrel Level I and II manuals \$79.75	\$12.95	\$592.70
Chair and Barrel Level II \$500	Chair and Barrel Level II manuals \$79.75	\$12.95	\$592.70
Introduction to Pilates \$325	Introduction to Pilates manual \$50.30	\$12.95	\$388.25
MVe Chair Workshop \$300.00	Manual, 3 Workout DVDs, Education DVD & Workbook \$99.95	\$15.95	\$415.90
MVe Reformer Workshop \$325.00	Manual, 3 Workout DVDs, Education DVD & Workbook \$124.95	\$15.95	\$465.90
MVe Chair & Reformer Workshop \$475.00	2 Manuals, 6 Workout DVDs, 2 Education DVDs & 2 Workbooks \$224.95	\$17.95	\$717.90