



Village Studios Limited (Trading Name: Dynamic Pilates),  
 156 Karori Road, Karori, Wellington, 6012  
 p: 04 476 0925 m: 0274 640 214  
 e: [bookings@dynamicpilates.co.nz](mailto:bookings@dynamicpilates.co.nz) w: [www.dynamicpilates.co.nz](http://www.dynamicpilates.co.nz)

## Customer Application

Agreement made on the \_\_\_ day of \_\_\_\_\_ 20\_\_  
 between **Dynamic Pilates (or "DP")** and

Surname..... First Name (s):.....("member",  
 "you" or "I")

Date of Birth: ..... Gender:  Male  Female

Address: .....

Suburb: ..... Postcode:.....

Home phone: ..... Mobile: .....

Occupation: ..... Work phone: .....

Employer:.....

Email address: .....

## Health Status Acknowledgement

Exercise and physical exertion poses an inherent level of risk. It is important that you declare all pre-existing medical conditions to ensure that Dynamic Pilates can advise you on what methods and levels of exercise are appropriate and safe for you. Describe your physical fitness, listing injuries, ailments, illnesses, surgeries, and significant medical treatments. Tick where appropriate any history of/current condition:

Back Trouble		Diabetes	
Knee Problems		I am Pregnant	
Smoking		Shoulder problems	
High Anxiety		High Blood Pressure	
Neck Trouble		Low Blood Pressure	
Joint Issues		Surgery in last 2 years	
Other			

Have any of your immediate blood relatives suffered from/ or have ever suffered from any heart related condition including raised blood pressure, cholesterol, heart disease or stroke?  Yes  No

**Emergency Contact Name** .....

**Emergency Contact Number:** ..... **Relationship:**.....

I understand that the risk of injury from activities carried out at the Studio and using Studio equipment is significant, and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. I hereby release, indemnify, and hold harmless the Studio, Dynamic Pilates, their respective owners, officers, and employees, and, if applicable, owners and lessors of premises with respect to any claim or demand which may arise in respect of any injury, disability, or loss or damage to any person or property, whether arising from the Negligence or otherwise, that may arise out of or in connection with my use of the equipment or the facilities at the Studio or any incident that occurs while using the Studio's facilities or engaging in Studio activities, on or off the Studio premises or, otherwise related to my membership.

**Signed (by the Member)** ..... **Date:** .....

## My Membership

### My Membership: Tick One

Package	Cost	What is It	Concession Card Expires After / Package Minimum Sign Up Period	My Choice (initial)
<b>Package</b>				
<b>Mat Concession Card</b>	\$155	Mat Classes	3 Months (12 sessions)	
<b>Tower Concession Card</b>	\$210	Tower Classes		
<b>Mat/Tower Combo Concession Card</b>	\$180	6 Mat Classes and 6 Tower Classes		
<b>Lifestyle Package</b>	\$35/week	As many Mat Classes 1 shared Reformer OR shared Tower	6 months	
<b>Platinum Package</b>	\$50/week	As many Mat classes 1 shared Reformer 1 shared Tower	6 months	
<b>Casual Classes</b>				
<b>Private One on One</b>	\$60	Reformer or Tower	n/a	
<b>Small Group (Semi Private)</b>	\$30	Reformer or Tower		
<b>Group Glasses</b>	Mat \$17 Tower \$21 Reformer \$25	Group / Semi Private Classes		

**All Payment Options Available: Cash, Cheque, EFTPOS, Credit Card, or Direct Debit. Note: All casual classes to be paid at time of class.**

### Initial Period

- You have applied for membership with DP and the application has been accepted on the terms and conditions contained in this agreement.
- The initial period of membership shall be for a period of:  
 3 Months (Concession Cards only)  
  6 Months  
  12 months  
  N/A (casual members only)
- An initial Key Tag Fee has been Paid of \$15.                       Yes    No
- Payments will be made upfront/ weekly / fortnightly / monthly / quarterly/six monthly/annually (circle one).

## Dynamic Pilate Policies

1. All Memberships are paid either at the time of a class or by Direct Debit
2. For customers on Direct Debit, payments and contact details are via Debit Success on 0800 481 0400 or by email on [customerservice@Debitsuccess.co.nz](mailto:customerservice@Debitsuccess.co.nz)
3. Membership may be transferred providing that the member terminating is current, paid-to-date, and has no further payment obligations to the club. **A transfer fee of \$60 to DP** will be charged.
4. Memberships and Concession Card periods are “frozen” over Xmas and New Year period whilst studio is closed – this period lasts approximately 2 to 3 weeks.
5. **Cancellation / Freeze Policy:**
  - a) For **Concession Cards**, customers can only freeze their cards with a medical certificate and cards will be extended for a maximum period of up to 2 weeks.
  - b) For **Lifestyle and Platinum Package Memberships**, customers may freeze their memberships with a medical certificate OR twice during any 12 month period for a maximum period of up to 1 month (for 6 month membership periods – a maximum of up to 3 weeks).

**To notify DP**, customers must notify us via [bookings@dynamicpilates.co.nz](mailto:bookings@dynamicpilates.co.nz) at least 24 hours in advance of the freeze period. No retrospective freeze periods will be applied for lack of usage. If you are medically unable to use the Studio and have a medical certificate, customers may not use the Studio while the membership is inactive. Inactive months of a membership related to a freeze do not apply towards any contractual term of agreement. **A membership maintenance fee of \$15 per month** will apply to all freeze terms.

For customers **other than those on Concession Cards**, Customers must give **24 hours notice** to cancel a session appointment or they will be charged the full session price. This includes customers who have made casual bookings for apparatus equipment (Reformer and Tower Equipment).
6. DP reserves the right to amend the timetable from time to time to suit customer demand.
7. All customers must sign in at the ‘book in sheet’ (at reception) upon each visit.
8. It is each Customers individual responsibility to wipe down equipment.
9. Customers are required to use the safety features of the equipment. If a member is unsure of how to use a machine, they should obtain instructions from the staff.
10. Abuse of the equipment or other inappropriate behaviour may result in the cancellation of a concession card or membership.
11. Customers shall not be relieved of their obligations to make payments agreed to, and no deduction of payments shall be made because of a Customers failure to use the Studio’s facilities. Payments due are for the period of time and are not related to actual Studio usage.
12. DP shall not be liable for the loss or theft of or damage to the personal property of Customers.
13. DP may periodically bring independent contractors into the Studio to provide services to Customers. DP does not warrant or guarantee the quality of these services and hereby disclaims all liability arising out of such services.
14. Proper athletic attire including shoes, are required to utilise DP facilities.
15. Weights and equipment must be treated with care and returned to storage areas after use.
16. The member agrees to return Key Tags at the end of their membership and if they need to replace Key Tag \$10 will be charged to them.

## Customers under 18 years of Age (complete if necessary)

I ..... being the parent and guardian of the person named in this acknowledgement and release, hereby acknowledge and agree:

- I have read and understand this document
- I consent to the person named in this acknowledgement and release participating in the activity.
- I am aware of the risks and obligations set out above and release, indemnify and hold harmless Dynamic Pilates (including the studio, it’s owners, or its employees) or any of its contractors any claim or demand which may arise in respect of any injury, disability, or loss or damage to any person or property.

**Signature of Parent / Guardian:** ..... **Date:**.....



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**Acknowledgement**

By signing this agreement, I acknowledge, understand and agree to:

	Initial
The activity I am to undertake at Dynamic Pilates may have inherent risks and that by participating in it I am exposed to certain potential risks.	
I agree to release and indemnify the Studio operators as follows and I participate in the activity at my sole risk and responsibility.	
All payment and cancellation terms and conditions as contained in this agreement	
All Dynamic Pilate Policies	

**Signed:**..... **Date:** .....

**Office Use Only**

Total Payment:.....

Method of Payment: EFTPOS / Credit Card / Direct Debit / Cash.....

If Direct Debit, 1<sup>st</sup> Direct Debit Payment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Team member who processed payment:** .....

Team Member acknowledges that Health Screening was undertaken, terms and conditions of membership were explained, and DP policies were fully explained to customer

**DP Staff Member/Contractor Signature (sign):** ..... **Date:**.....

**Extended Period of Membership (complete if necessary)**

The Customer Chooses to Extend their Period of Membership, with the following Membership Package/Class:

- a. Concession Card Member  Yes  No  N/A
- b. Lifestyle or Platinum Packages  Yes  No  N/A
- c. Casual Classes / Private Session  Yes  No  N/A

The extended period of membership will be for a period of:

- 3 Months  6 Months  12 months  N/A (casual members only)

Date Extended Membership Commences: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Extended Membership Ends: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

By signing this Extended Membership agreement, I acknowledge, understand and agree to:

	Initial
My health and fitness has not materially changed (for the worse) since I completed my original Membership Application. If it has, I have informed DP and completed a new Membership Application.	
The activity I am to undertake at Dynamic Pilates may have inherent risks and that by participating in it I am exposed to certain potential risks.	
I agree to release and indemnify the Studio operators as follows and I participate in the activity at my sole risk and responsibility.	
All payment and cancellation/freeze terms and conditions as contained in this agreement	
All Dynamic Pilate Policies	

**Signed:** ..... **Date:** .....

**Office Use Only**

Extended Period:..... Concession Card:  Package  Casual

Payment:.....

Method of Payment: EFTPOS / Cheque / Credit Card / Direct Debit / Cash:

1<sup>st</sup> Pymt Date: \_\_\_/\_\_\_/\_\_\_\_\_

**DP Staff Member/Contractor who processed payment (name):** .....

Team Member acknowledges that Further Health Screening was undertaken (if needed), terms and conditions of membership were explained, and DP policies were fully explained to customer

**DP Staff Member/Contractor Signature (sign):** ..... **Date:**.....