

Body Dynamics Registration Form

September 7–December 19, 2009

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

How did you hear about Body Dynamics? _____

Method of Payment (Circle One): Visa, MasterCard, American Express, Discover, Check (Payable to Body Dynamics, Inc.)

Class/es or Workshop/s Registering For (Class or Workshop Name/Day/Time): _____

Total Number of Classes or Workshops Registered For: _____ Total Amount Paid: _____

Credit Card #: _____

Expiration Date: _____ Signature: _____

*****PAYMENT OPTIONS*****

60-Min Classes Excluding GTS	
Early Bird Registration	\$210 by 8/25
Regular Registration	\$225
Drop-In Rate *	\$16/class
Flash Pass **	\$562.50
90-Min Classes Excluding GTS	
Early Bird Registration	\$262.50 by 8/25
Regular Registration	\$277.50
Drop-In Rate *	\$20/class
Gravity Training (GTS) Classes	
Three GTS classes/wk †	\$585
Name Your Number 30-min ††	\$16/class
Name Your Number 60-min ††	\$22/class
GTS Drop-In 30-min*	\$16/class
GTS Drop-In 60-min*	\$22/class
Combination Classes	
Combo Pass †††	\$780

* Space permitting.

** Unlimited 60-minute classes excluding GTS. Registration guarantees a spot in one class of your choice. Other classes subject to Drop-In policy.

† No more than one 60-minute Power Hour class per week.

†† Total cost must be paid upfront. This will reserve your spot in as many Gravity Training classes per week as you choose.

††† Includes two 30-minute Gravity Training classes per week plus two 60-minute non-GTS classes per week. Registration guarantees a spot in both Gravity Training classes and one 60-minute non-GTS class of your choice. Other class subject to Drop-In policy.

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Please Take Note of Our “Drop-In” Policy:

- Preregistered clients are guaranteed a spot in class only if they arrive before class starts or if they notify the Front Desk that they will be arriving late.
- After class starts, all clients will have “drop-in” status and may join class if space is available and at the discretion of the instructor.

Assumption of Risk and
Release of Liability Agreement

I, the undersigned, assume all responsibility for and all risk of damage or injury that may occur as a result of my own actions, inactions, or negligence, or that of others as a client of Body Dynamics, Inc. In consideration of and as part of payment for the right to participate as a client of Body Dynamics, Inc., I will hold harmless and release and discharge all rights and claims for damages that I may have or that may hereafter accrue to me against Body Dynamics, Inc., its owners, employees, and agents for any and all injuries resulting from or arising out of, or incident to, my use of a Body Dynamics, Inc., studio or location of instruction (e.g., The Universal Ballet Academy), or facilities and equipment in such place, or as a result of, or incident to, engaging in Body Dynamics, Inc., exercises or otherwise following Body Dynamics, Inc.’s instructions anywhere. The terms hereof shall serve as a release, indemnification, and assumption of risk for my heirs, executors, and administrators, and for all my members of my family.

I have read, understand, and signed the foregoing assumption of risk and release of liability agreement.

Print Name: _____

Signature: _____ Date: _____

Signature of Parent/Guardian (if less than 18 years old): _____ Date: _____

Witness: _____ Date: _____

After completing page 1 and signing the liability agreement above, mail this form with check or charge information to:
Body Dynamics, Inc., 5130 Wilson Boulevard, Arlington, VA 22205.