

**Viva Pilates LLC**

1054 Chanticleer Drive, Cherry Hill, NJ 08003 856-751-0095  
vivapilates1@aol.com www.vivapilates.net

**To register for a program, mail check payable to Viva Pilates and this completed release form to: Viva Pilates, 1054 Chanticleer Drive, Cherry Hill, NJ 08003**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

\*\*E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Viva Pilates:

Township booklet

Website

Word of mouth

Other \_\_\_\_\_

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CLASS	Day	Time	Location
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**\*\*Please provide your email address, as this is the primary method of contacting students about class changes and cancellations. We will not share your email address with any third parties.**

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**CONSENT**

Please read and sign below. By signing you are stating that you are in good health and that you will not hold the Borough of Barrington, Deptford Township, VIVA Pilates LLC or its instructors responsible for any liabilities that may result from your participation in the any VIVA Pilates program.

I agree to waive and release VIVA PILATES LLC and its instructors, Deptford Township and the Borough of Barrington from any claims and damages resulting from my participation in any VIVA PILATES LLC program.

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Printed Name

Signature

Date