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## Pilates Section

I, \_\_\_\_\_ (please print full name), fully understand and agree that my participation in the Pilates section is at my own risk and I hereby release the ILO and its employees of any liability in case of injury, illness, death, loss or damage to personal effects and/or equipment which may result, directly or indirectly, from my use of the ILO facilities while participating in activities organized by the Pilates section.

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### REGISTRATION FORM (to be returned to Jeannette Sanchez, office 8-105, ILO)

Surname: ..... First name: .....  
Department/Office: ..... Organization: .....  
E-mail Address: ..... Telephone: .....  
Private Address: .....  
Signature: ..... Date: .....

\_\_ I wish to register for the Spring/Summer (First cycle, 10 sessions) Pilates class which commences April 2012.

Fees are payable directly to Maria Zuniga (instructor).