



International
Labour
Organization



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.

Enrolment form

Please return by email to pilates@ilo.org
or submit a paper copy to Ms N. Cadalbert, ILO Office R2-74 North

Surname: _____ **First name:** _____

Dept./Office: _____ **Organization:** _____

Email: _____ **Telephone/Mobile:** _____

Private address (optional): _____

Signature: _____ **Date:** _____