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QUALIFIED
TRAINER



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TRANFORM LIFESTYLE CENTER - CLIENT INFORMATION AND INDEMNITY FORM

Client Information

Name and Surname: _____

Address: _____

ID/Passport No: _____

Date of Birth: _____

Age: _____

Cell Number: _____

Email: _____

Occupation: _____

Emergency Contact: _____

Name: _____

Cell Number: _____

Relationship: _____

Medical Information:

Do you suffer from any medical condition or illness (e.g., high or low blood pressure, arthritis)?

Are you currently taking any medication?

Do you have any allergies, previous surgeries, or any other relevant medical information?

Note: It is your responsibility to obtain medical approval before participating in TLC classes OR massages if you have a medical condition or injury. It is important to consult with a healthcare professional before

Initial: _____



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engaging in any physical activities, including TLC MAP movement, Re-Bounce or Functional training classes.

Changes to Information:

If any of the above details change, it is your responsibility to inform the TLC trainer. The information provided in this form is true and accurate, and you confirm that you are over 18 years old. If you are under 18, please have your guardian sign page three for approval to train.

Acknowledgement of Risks:

Note that from time to time, you may experience bruising from the use of techniques or equipment during the class. Some clients may have an emotional reaction to certain exercises or exhibit flu-like symptoms. Hydrating sufficiently can assist with quicker recovery. The trainer may also work directly on your skin during sessions. If you are uncomfortable with this, please advise the trainer before the class starts. It is important to understand that fascial work is a slow process, and it may take anywhere from 6 to 24 months to see results. Reversing bad habits requires time and commitment.

Also partaking in any physical activity has the risk of injury. Using of equipment and performing active or explosive movements can have an impact on your body. Starting slow and progressing as you get fitter and stronger is advised and will also be taken into consideration when you start from scratch.

Waiver and Release:

I, the undersigned, declare that I have read and fully understand this document and agree to its contents. I acknowledge the risks and dangers associated with using Transform Lifestyle Center facilities and all associated equipment on the premises or on the premises in the future. I understand that this document is irreversible, unconditional, and binding on me.

By entering these premises (including parking areas, whether public or private) and attending MAP courses, individual classes, or MAP training classes, Re-Bounce classes, Massage sessions, Functional training sessions, I waive any rights of any nature whatsoever that I may have against Transform Lifestyle Center, its employees, agents, independent contractors, representatives, and third parties of MAP in respect of injury, death, loss, or damage that I may sustain as a result of or arising out of my attendance, or the loss of, damage to, or destruction of any property, movable or immovable, whether belonging to any of the above-mentioned parties or any third party, due to any act or omission on my part arising out of the above or claims against any of the above people by any third party, arising out of or in connection with the above, notwithstanding that such claim, injury, loss, or damages or my death may have arisen as a result of any act or omission, whether negligent or otherwise, on the part of the above people.

Initial: _____

Photography and Recordings:

From time to time, your instructor may need to take images or recordings for reference or progress tracking purposes. By signing this form, you agree that the trainer/instructor may photograph or take film, video, or audio recordings of you during class. These images and recordings may be used for training, progress tracking, and communication purposes. You waive all rights in the footage and give all consents needed to use the footage without limitation. You agree to hold Transform Lifestyle Center harmless from any liability resulting from the use of these images, videos, or recordings, including any claims for defamation or invasion of privacy.

Protection of Personal Information:

By signing this document, you acknowledge that you have read and accept the Protection of Personal Information (POPI) disclaimer. Transform Lifestyle Center will take all reasonable measures to protect the personal information contained herein. "Personal information" refers to information that identifies or relates specifically to you. The information collected will be used primarily for invoicing, communicating necessary information, and for Transform Lifestyle Center classes. The information will be stored securely to ensure confidentiality. Transform Lifestyle Center accepts no liability for any loss, damage, or expenses arising from the information you have provided or actions resulting therefrom.

Dispute Resolution:

Any dispute, controversy, or claim arising out of or relating to this agreement or its breach, termination, or invalidity shall be settled by arbitration in accordance with the rules of [Arbitration Institution]. The seat of arbitration shall be Pretoria, South Africa. The language of the arbitration shall be English. The number of arbitrators shall be [number]. The decision of the arbitrator(s) shall be final and binding upon the parties.

Severability:

If any provision of this agreement is held to be invalid or unenforceable, such provision shall be deemed severable from this agreement, and the remaining provisions shall continue in full force and effect.

Limitation of Liability:

To the maximum extent permitted by law, Transform Lifestyle Center, its employees, agents, independent contractors, representatives, and third parties shall not be liable for any direct, indirect, incidental, special, or consequential damages, including but not limited to loss of profits, loss of data, loss of use, or any other economic or pecuniary loss, arising out of or in connection with the use of Transform Lifestyle Center facilities, equipment, or participation in Transform Lifestyle Center classes or activities.

Initial: _____

Payment Terms and Conditions:

By signing this document, you accept full responsibility for your account and agree to settle it according to the following terms and conditions:

An invoice will be issued by the 1st of each month and is payable between the 1st and 7th of the month.

Annual increases may be applied at the beginning of the year and will be communicated prior to the increase.

Individual classes are payable at the 25th of each month. Group classes are payable a month in advance.

A month's written notice is required to terminate individual and/or group classes.

If you pay per class and not per month, a slot in the class cannot be guaranteed. A higher fee applies to single classes.

If you miss a group class, the trainer may assist you in making up one class if there are available slots. If no slots are available, the fee for the missed class is forfeited. Missed classes cannot roll over to the next month.

During December, an invoice for four weeks is payable, but the studio will only be open for two of the four weeks. An online product will be made available for these two weeks. The dates of the studio closure will be communicated in advance.

Cancellation policy:

Cancellation of sessions should be done within 12hours of your scheduled time. If you cancel your session within that time frame you will be responsible for 50% of the session's price. If you paid for 4 sessions in advance and canceled your session within 12hours you will forfeit that session and it will not be able to reschedule it.

I agree to one or more of the following services and prices for 2025: Tick the relevant boxes

MAP Movement sessions:

☐ Evaluation session 90min: R650

☐ Follow-up /Individual sessions 60min: R495

Service/Sessions	Single session	12 Month Contract	Month to month
Individual -1 session per week	R495	R1700 pm	R1880 pm
Individual - 2 sessions per week	R950	R3200 pm	R3600 pm
Group – 1 session per week	R150	R495 pm	R550 pm
Group – 2 sessions per week	R300	R659 pm	R880 pm

Re-Bounce:

Service/Sessions	Single session	12 Month Contract	Month to month
Group – 1 session per week	R110	R350 pm	R420 pm
Group – 2 sessions per week	R220	R580 pm	R650 pm

FUN FIT Bootcamp:

Service/Sessions	Single session	12 Month contract	Month to month
PT 2 sessions per week	R495	R 3200 pm	R3600 pm
PT 3 sessions per week		R4500 pm	R5250 pm
Group – 2-3 session per week	R80	R495 pm	R550 pm
Kids Conditioning 2-3 sessions	R50	R350 pm	R480 pm

Fitness Combo:

	Group Sessions	12 Month contract	Month to month
1.	Include: 1 x MAP movement 1 x Re-Bounce session 2 x FUN FIT Bootcamp sessions	R 795 pm	R 1100 pm
2.	Include: 1 x MAP movement 2 x Re-Bounce session	R795 pm	R1100 pm
3.	Kids Combo: 1 x MAP movement 1 x Re-Bounce 1 x Kids conditioning	R595 pm	R795 pm

Initial: _____

Additional Consent:

By initialing below, you provide additional consent:

I consent to receiving any marketing or promotional information from MAP or Transform Lifestyle Center.

Initial: _____

I consent to the use of my personal story/information in the event of promotional information.

Initial: _____

I consent to being a part of a TLC WhatsApp group for the purposes of receiving communication and/or giving feedback. I understand that my cell phone number and name will be visible to any person in the group.

Initial: _____

Client Name and Surname:

Date: _____

Client Signature:

Place: _____

Under 18 Consent:

I represent and certify that my child [] is under the age of 18, and I, as the parent or legal guardian, consent to authorize my child's participation in the above-stated activities. I acknowledge and understand the risks and dangers associated with using Transform Lifestyle Center facilities and equipment.

By signing this document, I knowingly and voluntarily execute this waiver and release on behalf of my child. I waive any rights of any nature whatsoever that my child may have against Transform Lifestyle Center, its employees, agents, independent contractors, representatives, and third parties in respect of injury, death, loss, or damage that my child may sustain as a result of or arising out of their attendance, or the loss of, damage to, or destruction of any property, movable or immovable, whether belonging to any of the organizations or any third party, due to any act or omission on my child's part arising out of the above or claims against any of the above people by any third party, arising out of or in connection with the above, notwithstanding that such claim, injury, loss, or damages or my child's death may have arisen as a result of any act or omission, whether negligent or otherwise, on the part of the above people.

I acknowledge and agree that the information provided in this form is true and accurate. I understand that it is my responsibility to inform the Transform Lifestyle Center trainer of any changes to the information provided.

I consent to the use of my child's images or recordings for training, progress tracking, and communication purposes.

Initial: _____

Parent/Guardian Full Name:

Signature:

Date: _____

Place: _____

Child's Full Name:

Signature:

Date: _____

Place: _____

Initial: _____