

Pilates Aotearoa Terms and Conditions

Firstly I agree I agree to the following:

1. That all information provided is accurate and true.
2. That all online transactions and declarations are binding, and I won't disclose any passwords to others.
3. To be bound by the Pilates Aotearoa Scope of Practice, Code of Conduct, and Ethics.
4. That REPs registration is purchased for my business or occupational purposes.
5. To allow Pilates Aotearoa to disclose to third parties my membership status, and any reasons for non-membership.
6. That Pilates Aotearoa has permission to contact third parties to verify details of my membership application. I allow Pilates Aotearoa to share my contact details to third parties that provide services (e.g. ExerciseNZ, Pilates Aotearoa Council etc), and for them to contact me.
7. To undertake sufficient Continuing Professional Development (CPD). Currently 10 CPD points per membership year.
8. To keep my Comprehensive Workplace First Aid certificate current at all times.
9. To maintain a valid email address at all times, and receive all email communications from Pilates Aotearoa.
10. To make payment of the membership fee to Pilates Aotearoa, and that payment is for application, not acceptance. Refunds are not given for unsuccessful memberships. I agree that collections costs are payable by me should I default on any payment due to Pilates Aotearoa.
11. All payments for Pilates Aotearoa membership are for 12 months, and refunds are not given for change of mind, unsuccessful membership, or failure to meet membership standards. As the membership years runs from 1 October to 30 September, applications received part way through this period still pay for a full year, and receive a credit equal to the unused months which is applied to re-membership on 1 October (e.g. a person registering on 1 March 2018 pays for a full 12 months, and first re-registers on 1 October 2018, with a 5 month credit). There are no refunds if the credit is not used at the first re-membership.
12. This agreement is between the applicant and the Exercise Association of New Zealand Incorporated. Pilates Aotearoa is a trading name of the Exercise Association of New Zealand Incorporated.

Secondly, as part of your Pilates Aotearoa Membership you will receive registration with the New Zealand Register of Exercise Professionals (REPs), this is to provide benefits to Pilates Aotearoa Members – such as insurance, tax deductibility, and collaboration with other movement/exercise modalities. In addition I agree to the following REPs requirements:

1. To be bound by the REPs Code of Ethical Practice (a copy can be downloaded at www.reps.org.nz).
2. That if operating from a Registered Exercise Facility, REPs is authorised to share and request information with/from the facility for the purposes of completing or verifying registration, or for other facility compliance requirements.
3. To complete any audits or reviews REPs may undertake to verify my level of registration and/or competencies.
4. To allow REPs to disclose to third parties my registration status, and any reasons for non-registration.
5. To maintain a valid email address at all times, and receive all email communications from REPs.
6. For those with insurance, REPs reserves the right to change insurer at any time. This may result in changes to the terms and condition of the cover, but the level of cover will be comparable.
7. When insurance is included in your Pilates Aotearoa Membership accepted the Insurance agreement with Lumley a business division of IAG New Zealand Limited.

Chubb Insurance Agreement - On behalf of all proposed Insureds I/We declare and agree that:

I agree to the insurance policy:

Insurance Agreement: On behalf of all proposed Insureds I/ We declare and agree that:

- a) All information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- b) If this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- c) I/We understand that Chubb requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- d) Chubb is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;

e) Chubb is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;

f) Chubb is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;

g) The signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by Chubb. I/We agree to accept the terms, exceptions and conditions contained in the Professional Indemnity Insurance policy as modified or extended by any endorsements thereon or the policy schedule or on any certificate of insurance issued to me/ us by Chubb in lieu of a policy.

h) I/we have read and understood the Rosser Liability "Important Information" relating to Duty of Disclosure, Financial Strength Rating, Privacy Statement and the Personal Information Handling Practice available at www.reps.org.nz/insurance

I/We agree that REPs reserves the right to change insurer at any time. This may result in changes to the terms and conditions of the cover, but REPs will ensure the level of cover is comparable.

Chubb Insurance NZ Limited