



PILATES NIAGARA

Group Class Registration Form

In order to simplify the registration process, please complete this form completely and return to the studio with full payment a minimum of 2 weeks prior to the start of classes to ensure your space in class.

Client Name: _____ **Date:** _____

Client Phone Number: _____

Class 1) – Day & Time: _____

Class 2) – Day & Time: _____

Class 3) – Day & Time: _____

Total Cost: _____

Method of Payment: Cash Cheque VISA MasterCard
(circle one)

Card Number: _____

Expiration Date: _____

Name on Card: _____

I hereby authorize Pilates Niagara to bill my credit card for the above specified amount. The cardholder will pay the total amount shown to card issuer according to cardholder agreement.

Cardholder's Signature: _____

Waiver of Liability for Re-registering Participants

- I certify that there has been no change in my physical condition since initially registering with Pilates Niagara. I have not had any injuries since my initial registration at Pilates Niagara.
- There has been a change in my physical condition. I am required to update and complete new client history forms before classes begin.

As a user of this establishment, I acknowledge and accept the risk of injury that could arise from my intended participation in the programs and services provided or from any other use of the facilities associated with my stay. I also acknowledge that I have previously signed a more detailed screening for potential risks that I may knowingly or unknowingly have. I freely choose to participate based on the original screening and hereby register with my full assumption of any such risks.

Client signature: _____

Date: _____