



The Pilates Place
131 Richardson Street
Grass Valley, CA 95945
(530) 477-5167

Client Contact Information

Name _____
Address _____
City _____
State _____ Zip _____

Email Address _____
Cell Phone _____
Home Phone _____
Work Phone _____
Birthdate _____

In Case of Emergency Contact:
Name _____
Telephone Number _____

Referred by:

Newspaper Client/Trainer _____
Website Doctor/Health Professional _____
Facebook Other _____

We require a 24 hour cancellation for all private and reformer class sessions. Sessions not cancelled in advance will be charged at the full rate of service.

Release of Liability

In signing below, I agree that The Pilates Place is in no way responsible for the safekeeping of my personal belonging while I attend class. I understand that classes at The Pilates Place may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property, loss or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against The Pilates Place or its members for any personal injury, property, damage/loss, or wrongful death, whether caused by negligence or otherwise.

Client signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____
(under the age of 18)