



Gazelle Pilates, LLC  
4351 Van Nuys Boulevard  
Sherman Oaks, CA 91403

TODAY'S DATE: \_\_\_\_\_

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NAME

DATE OF BIRTH

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ADDRESS

CITY

ZIPCODE

PHONE NUMBER

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E-MAIL ADDRESS

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EMERGENCY CONTACT

PHONE NUMBER

RELATIONSHIP TO YOU:

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INJURIES/MEDICAL CONDITIONS

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DO YOU EXERCISE REGULARLY? WALK, RUN, EXERCISE CLASS?

<input type="checkbox"/> FRIEND/FAMILY	<input type="checkbox"/> GOOGLE SEARCH	<input type="checkbox"/> YELP	<input type="checkbox"/> OTHER _____
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HOW DID YOU HEAR ABOUT GAZELLE PILATES, LLC?

- All sessions and classes are 50-minutes. Sessions will begin and end promptly as scheduled.
- 24-hour notice of cancellation is required to avoid being charged for appointments and classes. Please cancel by email, text or phone call.
- If you wish to cancel your duet session, you must cancel with Gazelle Pilates, LLC as well as give your partner 24-hour notice so that they may opt to either cancel or pay for a private session. Failure to do so will result in a late cancellation charge.
- In the event of last-minute instructor illness or emergency, Gazelle Pilates, LLC will notify you as soon as possible and reschedule the appointment.
- Advanced payment is required in order to sign up for sessions or classes. Appointments can be made by phone or online.
- Private and Duet session packages expire within 6-months of purchase. Special promotions and packages may have unique expiration dates. All purchases are non-refundable and non-transferable.
- We accept cash, check, Visa, Mastercard or American Express. All checks are payable to "Gazelle Pilates, LLC".
- Prior to any session or class, a Waiver of Liability must be completely filled out and signed by participant.
- Please be courteous and quiet while sessions or classes are in progress.
- We kindly ask that you turn off your cell phone before entering the studio to avoid interruptions to you and others during their session. And if the call must be taken, please go outside.
- Please refrain from wearing scents or perfume to class.

I HAVE READ THE ABOVE POLICIES AND FULLY UNDERSTAND THEIR CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE:

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SIGNATURE OF PARTICIPANT

DATE