

Yoga & Pilates



Name

Address

Phone

Email

Medical Conditions

Day	Time	\$
Day	Time	\$
<input type="checkbox"/> Casual		\$
<input type="checkbox"/> 5 sessions		\$
<input type="checkbox"/> 10 sessions		\$

Cash **PayPal (at geniuswellbeing.com.au)**
 Internet (BSB 033 091 Acct 214 637 Genius Wellbeing)

Visa **Mastercard**

Expiry **Security CVV**

Name on Card

Agreement

I agree that I do not have any ailments which prevent me from doing a Pilates or Yoga class and I do this class at my own risk. If I do have any current problems, I have attached written permission from my medical practitioner, and I am able to attend a Pilates mat or Yoga class at any level without any risk to myself. I agree not to hold Genius Wellbeing, or their agents, responsible for any problems that may arise from my attendance.

Signed _____ **date** _____