



## Private Lesson Waiver

Date: \_\_\_\_\_

Student's Name \_\_\_\_\_  
(Last Name) (First Name)

Sex (Please Circle) : Male Female

Mailing Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father & Mother's Names \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Emergency Contact's Name & Phone # \_\_\_\_\_

Health Restrictions: \_\_\_\_\_

<input type="checkbox"/>	½ hour	\$ 45.00
<input type="checkbox"/>	½ hour – shared	\$ 60.00

**Instructor Requested:** \_\_\_\_\_

### **Hold Harmless Agreement:**

I hereby give my permission for my daughter/son (Name) \_\_\_\_\_ to participate in the program(s) at The Gymnastics Zone, Inc. I hereby accept all risks and responsibilities for the use of premise, area, and/or facility including the use of equipment. I further agree to indemnify and hold harmless the staff and owners of The Gymnastics Zone Inc. including the corporate officers, from all liability claims, demands, actions, and causes of action, that may arise out of the use thereof. I further give my permission for my daughter/son to be photographed and/or video taped during all classes, rehearsals, and performances. I understand that the gymnastics shows may be mandatory, if applicable.

### **I HAVE READ AND UNDERSTAND THE TERMS OF THE AGREEMENT:**

Parent / Guardian Signature \_\_\_\_\_

**No-Show Policy:** In the event you are unable to make your scheduled time, please contact The Gymnastics Zone at least 48 hours prior to your private lesson. Failure to appear for your scheduled private lesson, without any notice, will result in paying full price for the lesson as if you were there.

### **I HAVE READ AND UNDERSTAND THE TERMS OF THE AGREEMENT:**

Parent / Guardian Signature \_\_\_\_\_