



The Dance Vault, LLC; Studio Rental Registration

Instructor, group or parent/guardian name:

Address: _____ City: _____

Zip Code: _____ Phone Number: _____

Email: _____

Vault number(s)	Date(s)	Time(s)
1. _____	_____	_____
2. _____	_____	_____

Rental rate per hour: _____

Medical Responsibility

You give permission to The Dance Vault owners, faculty, staff, and associates to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian, and that you will be responsible for any finances incurred by this medical attention. Please note that no child may administer medicine to themselves without the presence of a parent at the studio. If your child needs medication while at the studio, for any reason, you agree to notify the front office.

Release of Liability

You as the legal parent or guardian release and hold harmless The Dance Vault owners, staff, faculty and associates from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury that may be sustained by the participant and/or the undersigned during membership and/or association with The Dance Vault, including classes, master classes, special events, and transportation to/from such occasions. You also understand that The Dance Vault is not responsible for any theft, loss, or damage of personal items.

Rental Fees, keys, emergencies and scheduling/cancellations

Fees are due at time of scheduling the room. All fees are non-refundable inside the 2-week cancellation period. No Exceptions. All key(s) signed out are property of The Dance Vault, LLC and must be returned when requested. All exterior doors must remain locked outside normal business hours for security purposes. In case of an emergency please call 281-942-6336 or 832-477-1513. For any other questions please email billing@thedancevault.net

I have read and agreed to all statements on this form. Print, sign and date below:

Payment method

Credit Card

Credit Card number

Expiration (Month/Year)

Name as it appears on card

Billing address

Bank Draft

Name as it appears on your bank statement

Account Number

Routing Number

Check (attach to this form)

Check number (4 digits)
