



**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**

All independent contractors of The Dance Vault, 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 the child needs medication while at the studio, for any reason, you agree to notify the The Dance Vault. \_\_\_\_\_ (initial)

**Release of Liability**

All independent contractors of The Dance Vault, 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. You also understand that The Dance Vault is not responsible for any theft, loss, or damage of personal items. \_\_\_\_\_ (initial)

**Insurance:**

All independent contractors of The Dance Vault, LLC are required to provide proof of insurance showing \$1,000,000 Each Occurrence before being able to accept their first assignment. Also, the independent contractor is to provide a certificate of insurance naming The Dance Vault, LLC as an additional insured. Should the Independent Contractor become injured, there is no liability on behalf of The Dance Vault, LLC as there is no employer/employee agreement. \_\_\_\_\_ (initial)

**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](mailto: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)

---

