

**SIGNATURE**:

## **FUSION STUDIOS**

550 Deep Valley Drive Suite #241 Rolling Hills, CA 90274 ♦ 310.541.0099 ♦ www.TheFusionDanceStudio.com

Studio A: \$50/hr Studio B: \$40/hr Studio C: \$35/hr Studio D: \$30/hr Studio E: \$25/hr

## **ROOM RENTAL AGREEMENT & LIABILITY FORM**

First Name:	Last Name:	Cell #:	
Address:	City:	State:	Zip:
Email:			
Dates of rental requested:	Room preference:		
Purpose of rental:			
**********	***********	*******	***********
Room Rental descriptions:			
<ul> <li>1st of each month. Any changes is rentals, you will need to notify us for the bookings. Initials:</li> <li>Fusion is not affiliated or responsing independent private lessons, reh by the teacher and not by Fusion</li> <li>Fusion Studios has the right to te changes. Please note upon rentifinitials:</li> <li>No refunds, transfers or credits.</li> </ul>	sible for any arrangements, payments or earsals and sub-contracted classes. All p . <b>Initials:</b> rminate any room rentals for the follow ng a room you or your party will be liabl	s month. IE: If you are m ify us by the 15 <sup>th</sup> of the p refunds between the cu personal arrangements, ing reasons: conflict of in e for all damages if any o	aking any changes for September brevious month, you will still be charged ustomer and the teacher for payments, & lesson design are handled interest, special occasions, and schedule occur to equipment or studio property.
Individual & or Group Room Rental L			
<ul> <li>LIABILITY DISCLAIMER – Fusion's or loss of; or damage to personal</li> <li>I confirm that I am in good health. full responsibility for all persons, in hold Fusion's owners, employees,</li> <li>Renter assumes liability for injury class, injury to performers or coll</li> </ul>	owners, employees, instructors and anyone property. Initials:  I understand the nature of this activity in acluding all and myself who shall participate instructors and anyone assisting responsibly of any persons they invite to the space aborators in the rehearsal. Initials:	which I shall or my guests te in this group activity. I a tole for any injuries or accio t, including but not limite  ***********************************	s shall participate or perform. I will take & or all persons participating will in no way dents that may occur. <b>Initials:</b>
due or when a You have until the	heduled or periodic electronic funds transfer pplicable and I understand the dollar amour 15 <sup>th</sup> of the month to make any changes for t e initial that you understand and agree to th	nt can vary depending on se he upcoming month. No E	ervices performed. xceptions, No Refunds.
Card Type:	Card #:		
Expiration date:	Cvv2 #:		
I have read and I understand	the liability waver, and agree to all terr	ms/payment agreement	s and conditions of this contract.

DATE: