

STUDIO RENTAL TERMS & AGREEMENTS

Name:	Company/Artist (if different):	
Address:		
City: Sta	te: Zip Code:	
Home Phone:	_ Cell Phone:	
E-mail:		
Billing Address (if different than above):		
City:	State: Zip Code:	
Magna Physical Therapy will not assume responsibility of any bodily injury outside our own practice use. In order to rent the studio, proof of individual comprehensive liability insurance must be shown.		
Requested Date:	Please Note: <i>Magna Physical Therap</i> y classes, which take priority. The reque	
Start Time: Duration:	Construction (Cat. 20b and alarma)	
Our center features a 500 square-foot d studio includes class, rehearsal, audition	ance studio with professional Harlequin floors. Permitt space.	ed use of the
STUDIO POLICIES		
 take place 24 hours before the allott It is our policy that services be paid refundable. 	t a minimum of 24 hours in advance. If a cancellation occurs ed time spot or a cancellation fee of \$20.00 will be charged. for at the time of or before services are rendered. Payments ersonal check, or credit card (MasterCard, Visa, and Discove dance studio.	are non-
I, the undersigned, have reviewed the alabilities.	bove policies and do hereby agree to abide by them to	the best of my
Client SIGNATURE:	Date:	