

RENTAL AGREEMENT

Name:								
	(Last,)		(Fir	st)				
Birthdate://								
Phone — Home:()		Cell:()		Work:()		
Email Address:								
Address:								
City:	State:	Zip:						
How did you hear abou	t us?							
Emergency Contact:								
Phone: ()	Rel	ationship:						
REGISTRATION IS INC. I understand and agree that i injury or death. I voluntarily a to me or to my child during a Motion Pacific, its owners, ag liability claims, demands, or comay arise out of or in connect agree to waive my rights and guest artists, faculty member my physical limitations and a guardian and have the right to	n participating in any or agree, therefore, to assume of Motion Pacific clents, volunteers, assist causes of action whatso tion with participation that of my heirs and a rs, and/or students liab gree not to exceed the ro waive these rights.	dance class, wo ume all risks an asses, rehearsa ants, employee oever from any in any classes issigns to hold tele for such dan em. If I am signi	orkshop, read respons als, performes, guest a damage, or activition Motion Pa nage, loss, ng this wa	hearsal of ibility for nances, of rtists, factors, injures conductific, its injury, of injury, of injury, of injury, of the results of the re	or performance, ther r any such injury or a or activities. I also ex culty members, and/iry, or death to me, mucted by Motion Pacific owners, agents, volur death. I understand my children, I certify	e is a possiccident, vempt, rele or student by childrer fic. I furthenteers, assid that I sh	sibility of phy which might of ease, and inde ts from any a n, or property er hereby vol sistants, emp ould be awa	vsical occur emnify and all y which luntarily oloyees, re of
Permission is granted Motion	, -	·	•	• .				
I have read, understood and	agree to be bound by t	the above state	ement (ple	ase print	t your name, sign & d	late):		
PRINTED:		SIGNED	:					
PRINTED:		SIGNED):					



RENTAL AGREEMENT

Time:	Hours Per Day	y:	Total # of Days:					
Cost Per Hour:	-							
Studio: () A () B								
Motion Pacific and				_agree to	the following rental			
arrangements. The Mo	otion Pacific Stu	udio will be rented	from	_to	at the rate of			
\$ per ho	ur for the follow	ving dates:						
Total Hours =	x	=						
Total Owed =	x	=						
OTHER SPECIAL AG	REEMENTS:							
PLEASE NOTE THESE ADD	DITIONAL CONDITI	ONS TO YOUR RENTAL	CONTRACT:					
	II. If less time is give		,		notified no later than 7 days ees, especially if the Studio could			
• If your rental payment is i	more than two wee	ks past due (according	to your agreement)	, Motion Paci	fic will charge a \$10 late fee.			
• A group waiver (see back	side) must also be	signed before the rente	er uses the Studio.					
• Deposit amount and term	ns of payment may	be worked out as an att	ached exhibit to the	e contract.				
 Motion Pacific reserves th 	ne right to cancel th	is rental agreement at a	any time.					
Rented studio must be less								
All lights and sound equip	oment must be turn	ed off before leaving st	udio.					
PRINTED:		SIGNED:						
DATED:								