

Contract

Sarah Palmer, Teacher AACE, Inc.

Please review and initial the following. I may be contacted by email at sarahpalmer.e@gmail.com or by phone/ text at (210) 274-5179 (please leave a voicemail) anytime you have questions or need to notify me of an absence.

___ Dis-enrollment requires notification and tuition is due in full for the remainder of the semester. There are no partial refunds.

___ Tuition payments are to be made one month in advance, starting in August, and made monthly until April. A \$10 per week, per student late fee will be assessed, unless prior arrangements have been discussed.

___ NSF checks will incur a \$35 fee and future payments must be made by money order.

___ If class must be canceled due to illness or emergency, I will notify you by email or phone/text no later than the Thursday prior to class. Cancelled classes will be not be refunded.

___ Photographs may be taken during class of students for educational, publicity or archival purposes. Photos may be displayed on instructor's professional FB and website (www.mismatchedcreative.com).

WAIVER OF LIABILITY AND DISCLOSURE FORM: Please read, initial and sign.

I understand there is an inherent risk associated with any exercise program including my voluntary participation in this yoga class. The exercises related to this class will challenge my cardio-respiratory and musculoskeletal system associated with; the aerobic, anaerobic, strength, power, agility, flexibility and breathing components of exercise are potentially hazardous activities and may cause injury. (___)

I acknowledge that I have either had a physical examination and/or have been given permission from my physician to participate in a yoga based exercise program or that I have decided to participate in an exercise program voluntarily and without the approval of my physician and do hereby assume all responsibility for my participation in any exercise/yoga or activity associated with Sarah Palmer, First Church of the Nazarene and AACE, Inc. (___)

I certify that I am physically well and suffering from no medical problems, conditions, impairments, diseases, or an other illness that would prevent my full participation or increase my risk of injury and/or illness as a result of partaking in any exercise/yoga program or other activities. (___)

I, my heirs, or legal representatives, do hereby forever waive and release Sarah Palmer, First Church of the Nazarene and AACE, Inc. from any and all liability and responsibility from injury, accident, illness, legal and medical fees sustained now or in the future resulting from my participation in any exercise/yoga activity or use of any equipment. (___)

I acknowledge that I have read this waiver of liability form. I fully understand its terms and conditions, and understand that I am waiving and giving up my right to sue Sarah Palmer, First Church of the Nazarene and AACE, Inc. I acknowledge that I am signing this agreement voluntarily, and intend by my signature for this to be a complete and unconditional release of liability to the greatest extent allowed by law. (___)

Print name: _____

Signature: _____ **Date Signed:** ____/____/____

Name/Phone of Emergency Contact: _____

If participant is under 18:

As Parent or Legal Guardian of _____ **. I consent to the above terms and conditions.**

Print name: _____

Signature: _____ **Date Signed:** ____/____/____

Name/Phone of Emergency Contact: _____