

STEPHEN HULL MARTIAL ARTS

Private Instruction Contract

Date: ___/___/_____

I, _____, do choose to participate in martial arts and/or fitness instruction that are being offered by Stephen M. Hull, Master of the Arts (here to after referred to as "the instructor"), who is known to me as a qualified instructor of the arts.

___ Further, I do certify that I will pay the price of \$____. — per lesson. I understand that it is my responsibility to arrive to the lessons at the time set between the instructor and myself, with payment for that lesson in hand. If I want a written reminder handed to me at the time the appointment is made, it is my responsibility to ask for one.

___ I understand that cancellations must be made as far in advance as possible. Whenever possible, the instructor requires a 24 hour notice for cancellation on private lessons. However, if you become ill, or an emergency occurs, then the extenuating circumstances will be taken into account. If reasonable effort is not made to cancel the lesson within the defined time period, then the payment for that lesson is still owed to the instructor.

___ I am, and have been made, aware that the martial arts and fitness courses that I choose to study require physical contact with the instructor, or with another student if that situation should arise. I am further aware that injuries can result from this contact. I may not hold the instructor, the property, another student, or any other outside factor responsible for any injuries that I may sustain due to training with the instructor.

___ I have been told that I should wear personal protection, including, but not limited to, groin protection, mouth protection, and any other appropriate protection that I feel I am in need of while training. If I choose not to wear protection, I absolve the instructor, the property, and any other person or circumstance from any liability.

___ Any other questions or concerns I have about training have been asked, or addressed and answered by the instructor in a way that is satisfactory to me.

Signature: x _____ Date: ___/___/_____

Signature of Parent or Guardian (if participant is a minor child):

X _____ Date: ___/___/_____