Sportz Center Academy 5330 Snapfinger Woods Dr.* Lithonia, Ga. 30035 Office: 770 593-3149 Fax: 770-987-1188



Sportz Center Academy Private Lesson Request Form

Trainer submitting this Request:	Date of Submission:
Trainee's Name:	
Date Traning will Begin:	Expected End Date:
Total Sessions Expected:	Cost per session:
the SCA Open gym waiver signed by the above mentioned liabilities, accidents, incidents, eyc, are the sole responsibil	vide personal training lessons, using SCA FAcility, equipment and supplies. Attached is a copy of client. It has been explained to my tranee that I am working independently from SCA and all lity of the individual training. As the trainer, I agree to hold harmless SCA, its coaches, its staff ent that may incur as a result of providing this independent training course. I understand that deem necessary.
Trainer	Date
This Memorandum of Understanding Sportz Center Academy and	ng is being established between
	ide SCA 20% of my earnings per person/per class. However, the trainees upon entry into the ollected at the front desk at the beginning of each lesson. My portion, minus the 20% due to SCA
-	ssions, I understand that I must notify SCA's owner or Center Director, verbally and in written the written way to inform SCA of the accident/incident at hand. But both forms of notifications
In signing below, I understand that I am agreeing to the po	pliies and procedures of SCA as mentioned in the handbook and in the contract agreement.
Appreoved By SCA Administrator	