



6560 Spencer Street A2  
Las Vegas, NV 89119  
Phone: (702) 791-0055  
Fax: (702) 791-0054

Renter's Name: \_\_\_\_\_

Renter's Address: \_\_\_\_\_  
\_\_\_\_\_

Renter's Number: \_\_\_\_\_

Renter's Email: \_\_\_\_\_

This document serves as a contract between \_\_\_\_\_ and Las Vegas Elements Training Center, LLC (LVE).

LVE agrees to rent out their "Competition Floor" to: (Team Name)

\_\_\_\_\_ on the day of \_\_\_\_\_

Month \_\_\_\_\_, 20\_\_ at the Time of \_\_\_\_\_ to \_\_\_\_\_ am pm, with \_\_\_\_\_ amount of participants.

For use as a practice floor:

At the rate of \$100 per hour for Competition Spring Floor usage for \_\_\_\_\_ hours, And/Or \$75 per hour for Foam Floor usage for \_\_\_\_\_ hours.

A 50% deposit is due at time of booking and the balance due at rental time. We accept Visa, Mastercard, business checks (payable to Las Vegas Elements), and cash. Booking must be cancelled within 30 days prior to day booked or your deposit will be forfeited. LVE assumes no liability for injury sustained by any athlete using the floor. Also, if the floors, mirrors, sound systems or other equipment is damaged in any way whilst being rented, the renter will assume full monetary damage repair for replacement costs including labor. This agreement between the parties involved is in effect during the entire rental period. LVE will open and close the Gym in a timely manner.

Each athlete must have a parent or guardian sign a LVE Gym Liability Waiver. Coaches must also sign the Code of Conduct form and return both forms to LVE BEFORE gym rental takes place. LVE will not provide your team with waivers upon arrival.

**Total Balance \$** \_\_\_\_\_  
**Deposit Paid \$** \_\_\_\_\_ cash credit check  
**Deposit Date:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_  
**Remaining Balance \$** \_\_\_\_\_  
**Remaining Paid \$** \_\_\_\_\_ cash credit check  
**Balance Pd Date:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Renter and Title Date

\_\_\_\_\_  
Signature of LVE Administrator Date

\_\_\_\_\_  
LVE Administrator Initial

**OFFICIAL USE ONLY**



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## Code of Conduct

As a coach of (team name) \_\_\_\_\_, I understand that I, my athletes and spectators must follow these rules to stay in good standing:

1. The sound level must be kept to a minimum.
2. Spectators must remain in the designated parent viewing area and are not allowed in the gym area except to use the restroom. Spectators must not distract the coaches or athletes during practice.
3. Parents must monitor siblings and siblings must sit with a parent at all times. No siblings are allowed on the floor unless they are participating in the gym rental practice.
4. The gym must be kept tidy. Users are responsible for picking up trash and belongings, leaving the gym as tidy as they found it.
5. Absolutely no food, chewing gum, or drinks (excluding water) allowed in the gym. These items must be kept in the designated team areas.
6. Any team whose athletes, staff or parents are disrespectful to other renters, LVE Staff or LVE students will be asked to leave immediately and will not be refunded.

By signing this Code of Conduct, I agree to abide by the above rules.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Liability Waiver

Date \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Program Name: (if with floor rental group): \_\_\_\_\_

Address/City/St: \_\_\_\_\_

Home Ph.:(\_\_\_\_)\_\_\_\_\_ Work Ph.:(\_\_\_\_)\_\_\_\_\_ Other Ph:(\_\_\_\_)\_\_\_\_\_

Contact Email: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Allergies/Physical/Mental limitations: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone:(\_\_\_\_)\_\_\_\_\_

Private Lesson  Trial Class  Floor Rental  Independent workout (18 or over)

### ACKNOWLEDGEMENT, AUTHORIZATION AND RELEASE FORM

I, the undersigned Parent/Guardian, do hereby give consent for my son/daughter to participate in the training and activities provided by the Las Vegas Elements Training Center, LLC. (LVE). I am fully aware of the nature of the activities involved and the possibility of injuries and/or death, which may arise from such activities. I do hereby grant my permission to LVE to seek immediate treatment for my child should he/she be injured. I hereby release LVE including its officers, shareholders, agents, coaches and employees from any liability to the above named participant, or any person claiming through him/her, arising from injury to the person or property of the above-named participant. This release includes any claims of negligence, and is intended to be as broad as permissible under Nevada state law. In the event of any activities that are locally or nationally televised, I give the LVE organization the right and permission to film, photograph, or videotape my son/daughter for any reproductions associated or in any way connected with said televised events, in particular, for use in any promotional purpose.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## Credit Card Authorization Form

### Credit Card Information

*Please check one (LVE does not accept American Express)*

VISA    MASTER CARD    DISCOVER

Name as it appears on Credit Card:

\_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Credit Card Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_   City: \_\_\_\_\_   State: \_\_\_\_   Zip: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) \_\_\_\_\_

SIGNATURE OF CARD HOLDER

DATE

CONTACT NUMBER

Please write each digit of the Credit Card Number in the 16 blocks provided below:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I, \_\_\_\_\_ authorize Las Vegas Elements Training Center, LLC to charge the above card for the following transaction(s):

Please check one or both:

- Deposit in the amount of \$ \_\_\_\_\_ upon receipt of rental agreement
- Remaining balance in the amount of \$ \_\_\_\_\_ on day of rental.

Please note you may pay the remaining balance in cash, cashier's check, money order or card ONLY no personal or program checks will be accepted

Signature: \_\_\_\_\_

Date: \_\_\_\_\_