



PRIVATE SWIM LESSON AGREEMENT

Date: _____

By signing this agreement below, I am agreeing to the following terms of private swimming lessons at WellStar Health Place. Please initial each line.

_____ I agree to pay for all private swimming lessons in full prior to the appointment, and I understand the fee is nonrefundable.

_____ I understand that the discounted prices are applicable only if I pay for the *six-lesson package* in full prior to my first appointment using those multiple lessons.

_____ I understand that in order for me to cancel an appointment and not forfeit the class, I must call my instructor at least 12 hours prior to my appointment.

_____ I understand that if I arrive more than 15 minutes late for my appointment, I forfeit that lesson time and will be charged for that session.

_____ I understand that every effort will be made to accommodate my preference of appointment times as well as the instructors' preference, however, due to other lessons, schedules, etc. it may not always be possible.

_____ I understand that packaged lessons expire *six months* from date of purchase.

Participant Name:

Instructor Name:

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