

# Academy of Martial Arts & Fitness

## Registration Form – Payment Agreement Form

Student Name Male   Female	DOB (mm/dd/yy)	Age:
Student Name Male   Female	DOB (mm/dd/yy)	Age:
Mailing Address:	City/Zip:	

E-mail Address: \_\_\_\_\_

**TKD CLASS LOCATION:**

First Emergency Contact Name: Relationship:	Phone #:
Second Emergency Contact Name: Relationship:	Phone #:

Please list any and all special medical needs for the participant/s:

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This is my authorization to the Academy of Martial Arts & Fitness, Inc. to automatically debit my  
(please initial your choice and attached a voided check when appropriate):

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	Name on Card:
	VISA Card #
	Expiration Date (mm, yy)

I understand that this authorization for the amount of \$\_\_\_\_\_ will begin    /    /2009 and reoccur monthly for a **six-month session**, ending on    /    /    . Lack of attendance or lack of participation is no reason for suspending or canceling the draft. This six-month commitment of payment is non-transferable and non-cancelable. If you have a change in account information, you must give notification at least 30 days in advance of any automatic drafts. Only the Academy of Martial Arts (a.k.a. Jeremy Kempka) has the right to make adjustments to decrease or suspend the amount of the scheduled draft. If the draft is returned to the Academy of Martial Arts for any reason other than an error on the part of the Academy, a \$25 fee will be charged my account. In that same regard, if a draft is returned to the Academy of Martial Arts for Non-sufficient funds, a \$25 fee will be assessed to my account as well.

**THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.**

\_\_\_\_\_  
PARENT/STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

# Academy of Martial Arts & Fitness

## Release and Assumption of Risk Agreement

[Read carefully before signing]

I, \_\_\_\_\_ (Guardian of \_\_\_\_\_ or participant if older than 17), hereby acknowledge that I have voluntarily applied to participate in a certain martial arts class or classes and to participate in certain other activities, including aerobic classes and After school care and summer camp (collectively, such activities being herein collectively referred to as the "Activities"), offered by the Academy of Martial Arts & Fitness, Inc. (the "Sponsor").

I understand that the Activities do involve certain risks and dangers. I am fully cognizant of such risks and dangers associated with the Activities. I and my family, including any minor children, are fully capable of participating in the Activities and I willingly assume the risk of injury as my responsibility.

I understand and agree that any bodily injury or death suffered as a result of my negligence or the negligence of any member of my family participating in the Activities are my full responsibility.

In consideration of and as a part payment for the right to participate in the Activities offered by the Sponsor, I agree that I and my family are in good health with no physical defects that might be injurious to us and that I and my family are able to handle the risks and dangers associated with the Activities.

As lawful consideration for being permitted by the Sponsor to participate in the Activities, I release from any legal liability the Academy of martial Arts & Fitness, Inc. And all of its officers, directors, shareholders, employees, agents and their respective heirs, successors and/or assigns from any and all injury or death caused by or resulting from my participation in the Activities provided by the Sponsor, whether or not such injury or death was caused by their negligence or any other cause.

I further agree not to sue, claim against or in anyway attach the property of the Sponsor, its owners, officers, directors, shareholders, employees, agents and their respective heirs, successors and/or assigns thereof for any injury or death caused by or resulting from my participation in the Activities.

I agree to defend, indemnify and hold harmless the Sponsor and its officers, directors, shareholders, employees, agents and their respective heirs, successors and/or assigns for any injury or death caused by or resulting from my or my family's participation in the Activities.

This Contract shall be legally binding upon me, my heirs, my estate, assigns, legal guardians and my personal representatives.

I have carefully read this Agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I may otherwise have and I enter into this Contract on behalf of myself and/or my family of my own free will.

**THIS IS A RELEASE OF LIABILITY. DO NOT SIGN THIS DOCUMENT IF YOU DO NOT UNDERSTAND IT OR DO NOT AGREE WITH ITS TERMS.**

\_\_\_\_\_  
Participant's Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian if Participant is under age 18 Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian if Participant is under age 18 Date: \_\_\_\_\_