



# Wilde Lake Karate

## 410-884-7340

### Before & After School

#### *Parents: Your Child Will Love Our After School Program*

When you enroll your child in our After-School program, we'll provide more than just quality care and academic support. We'll teach your child martial arts.

Studies have shown that martial arts lessons can help your child improve confidence and develop the leadership skills they need to succeed in life. Most of all, they'll gain the high self-esteem that is proven to result from martial arts training as we teach it in our exclusive After School Program.

If you're like most parents, you're probably on a budget. Wilde Lake Karate after School Program makes it easy for you to give your child **Two Activities for Price of One**....Convenient After School Care and Exciting **Martial Arts Lessons**.

*Two Activities for Price of One*  
*Free Transportation*  
*Home Work Time*  
*Martial Art Classes*  
*Games*  
*Field Trips*  
*And Lots More*



# *Wilde Lake Karate*

## ***AFTER SCHOOL PROGRAM***

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### ***A TYPICAL DAY WILL BE:***

- HOMEWORK TIME
- KARATE / RECREATION
  - PUT AWAY UNIFORM, EQUIPMENT & CLEAN UP
  - QUIT TIME / READING/ GAME
  - BELT/TIP PROMOTION EVERY OTHER FRIDAY WHEN APPLICABLE

Upon arrival to Wild Lake Karate, students will be changed into their uniform and do their homework. Our staff will assist with the homework; however, keep in mind we will not tutor the students, as that is the parent's responsibility. Please be sure children have their own homework supplies. After homework is completed the students will have their karate lesson, which will last approximately 30-45 minutes. Karate lessons will be Monday thru Thursday. Fridays we will have test, games indoor and outdoor.

We are as interested in your child's education as you are. Wilde Lake Karate offers an incentive program for good report cards.

**A NOTE ABOUT THE UNIFORM** The karate uniform is to be treated with respect. This shows unity and pride in our school. The uniform should be kept clean and neat at all times. Patches and tip testing will be awarded throughout the program. Please sew them on as soon as possible and as instructed. Please be sure to put your child's name on the inside waistband of the pants and inside collar of the top.

### ***PRICES***

<b>Uniform \$65.00 Include Tax</b>	<b>Registration fee \$85.00</b>
<b>After School Full Time 5 times a week</b>	<b>\$450.00 Monthly</b>
<b>After School Part Time 2-3 times a week</b>	<b>\$350.00 Monthly</b>
<b>Before &amp; After School Full Time 5 times a week</b>	<b>\$650.00 Monthly</b>
<b>Before &amp; After School Part Time 2-3 times a week</b>	<b>\$550.00 Monthly</b>

**Wilde Lake Karate is not a DAY CARE (Child Care) Center**  
**Wilde Lake Karate is an After-School Martial Arts Program**

## ***KARATE TESTING FEES AND EQUIPMENT***

As in any sport there is equipment and uniforms to purchase. Karate is no exception! When a student reaches yellow belt, they will be required to purchase sparring gear. Every 2-3 months, depending on your child's skills and level of preparation, there will be a belt testing. In order to be eligible to test, you must pay the testing fee at least one session prior to your child's testing date; Testing fees vary, depending on the belt color. The cost is: \$50.00 from No Belt to White Belt and \$100.00 up to brown belt. The belt testing fee includes World Taekwondo federation certificate.

### **IMPORTANT INFORMATION**

1. Payments are due monthly or bi monthly. Any payment received after 5th and 15th will be assessed a \$35.00 late fee. METHODS OF PAYMENT ARE CASH, CHECK, CHARGE, ONLINE.
2. There is a \$35.00 service charge for any returned check.
3. **Pick up time for the after school program is 6:00 p.m.**  
If you need extended pick up time it can be arranged.(ask office for fees)
4. If your child takes a break from the program (other than summer time ) there will be an additional registration fee due when they resume the program.
5. When schools are closed for Non-Federal Holidays, we will open for the day at 7:00 a.m. There will be an extra charge **Snow Day Cost are same as day Camp (ask office for all fees)**
6. Regarding **SNOW**. Your child's safety is our first concern, depends on roads and weather we do our most efforts to be open Parents will be notified by email or phone in advanced in case we are closed or having day camp. No refunds or adjustments will be made on days closed,
7. On the days that Howard county schools are closed, we have to have at least 15 students signed up in advance in order to have day camp.
8. There will be no refunds or adjustments on winter break or spring break.

### **PARENT'S RESPONSIBILITY CHECKLIST**

1. Notify your school that Wilde Lake Karate After School Program will be picking up your child.
2. Make sure your child is wearing his/her nametag the first two weeks until the instructors become familiar with all children.
3. If your child does not go to school because he/she is sick, etc., you **MUST** notify Wilde Lake Karate as soon as possible at **(410) 884-7340** or send email at [wildelakekarate@yahoo.com](mailto:wildelakekarate@yahoo.com) so that we can notify all drivers.
4. Payments are made monthly or bi monthly in advance.
5. There will be no adjustments for days not attended . There are no partial weekly or daily rates.
6. Check our lost and found weekly if your child has lost any items.
7. Please be sure to write your child's name on the inside waistband of the pants, and the collar of the top. Equipment and belts must also be marked.
8. **If you wish to cancel the program, we must have a 30-days written notice**, if program not under any term contract.
9. If you have an exorbitant amount of absences you are still liable to pay for that week unless you have a written doctor's note.
10. If you sign up your child for Day Camp and change your mind, you are still liable for payment.

### **RULES FOR STUDENTS**

1. Be at the appropriate place at pick-up time.
2. Behave and buckle up in the van/car. No Horseplay!
3. Change into your uniform after snack when you get to Wilde Lake Karate.
4. Put your things in the changing room.
5. Do your homework. Be quiet and respectful of others who are also doing their homework. If you have a question or need help, raise your hand.
6. No running.
7. Use inside voices.
8. Do not TOUCH, PUNCH, HIT, KICK, PINCH (or any other form of contact) another student or instructor.
9. Follow all instructions and directions that are given by your instructor.
10. No bad language or name-calling is allowed.

**OUR SCHOOL DISCIPLINE POLICY**

**Wilde Lake Karate Martial Arts After School Program is a program based on the contract between Parents or legal guardian and their children for taking Martial arts classes.**

In order to maintain a safe and quality program, we occasionally find it necessary to discipline a student. We feel that effective and positive ways of behavior management are:

1. **REDIRECTION:** We will stop the child and calmly learn what has happened, why and how they see it, and then suggest other ways of handling the situation. Then, we will redirect their attention.
  
2. **SEPARATION:** We will have the child play apart from the rest of the group and rest for a short time. This gives them an opportunity to calm down. Then we will explain other ways of good behavior.

If a child's behavior remains problematic, a parent conference will be held. If there is little or no improvement in the child's behavior after the parent conference, termination of enrollment may become necessary.

Termination of enrollment will be at the discretion of Wilde Lake Karate After School Program Administrative Staff.

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After signing below, please return it to Wilde Lake Karate.

**Wilde Lake Karate After School Discipline Policy**

I have read, understood, and agree to the above discipline policy and all rules (from Page 1-4).

Parent/Guardian Name: \_\_\_\_\_

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

Child Enrollment: \_\_\_\_\_

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

Wilde Lake Karate: \_\_\_\_\_ Date: \_\_\_\_\_

# *Wilde Lake Karate*

## **AFTER-SCHOOL REGISTRATION FORM**

*Wilde Lake Village Center- 10451 Twin Rivers Road- Columbia MD, 21044  
(410) 884-7340  
Fax: 410-884-7341*

I agree to waive all claims against any person connected with Wilde Lake Karate. This also serves as permission to have your child transported and to receive any and all emergency health care attention needed. As we are aware, the very young are prone to mishaps. Even though we at Wilde Lake Karate provide excellent supervision, occasionally accidents will occur. In the case that an incidence should arise, we need your specific permission to transport and to have your child treated by a healthcare professional/physician. This also serves as specific permission to pick your child up from their respective school and transport them back to our studio for Karate. Wilde Lake Karate reserves the right to remove any child from our program for any reason at any time. This is for the safety and well being of all students and staff.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Child's Date of Birth:** \_\_\_\_\_

**Child's Grade:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**School Phone:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Time School Lets Out:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Parent/s Guardian Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**CHECK THE DAYS & PROGRAM YOUR CHILD WILL ATTEND:**

**—MONDAY—TUESDAY—WEDNESDAY—THURSDAY—FRIDAY**

---After school Program

---Before & After school Program

---Full Time

---Part Time

# Emergency Profile

Students Name: \_\_\_\_\_

Students Home Address: \_\_\_\_\_

## **Emergency contact for parents, Guardian, family members and Friend who are Picking up.**

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

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Child's physician name and phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Please provide a copy of your insurance card with this application.**

Does your child have health condition(s), which may require EMERGENCY ACTION (e.g., seizures, asthma, insect sting allergy, bleeding problem, diabetes, heart problems)? If "yes", Please describe, use back of page for additional room.

**Please provide copy of your child immunization (shot record)**

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# Wilde Lake Karate Authorization and Waiver

I hereby authorize Wilde Lake Karate to act on my behalf in an emergency requiring medical attention or any other humane action. I hereby waive and release Wilde Lake Karate from all liability for any injuries or illnesses incurred.

I understand that participation in summer camp (martial arts classes) and all other activities inside and outside the Wilde Lake Karate school involves physical activity and as such carries with it the risk of injury. Should an injury occur, any and all medical expenses incurred are the sole responsibility of the participant or participant's family, this includes all activities inside and out side this facility.

*Student Name:* \_\_\_\_\_

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

Parent or Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

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## Permission to Ride Form

### Authorization of Transportation

I hereby authorize Wilde Lake Karate to transport my child to any and all activities. In the event that I elect NOT to have my child participate in a particular activity, I will notify the school in writing of my decision. Furthermore, I will make alternative arrangements for my child for the duration of the planned activity.

I have documented below all precautions and instructions regarding my child's medication. I have noted any special health-related conditions or allergies regarding my child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Student Name:* \_\_\_\_\_

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

Parent or Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Initial \_\_\_\_\_

**WILDE LAKE KARATE  
STUDENT ENROLLMENT FORM  
(Please print)**

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name, Address and phone no. of Parent not living with Student: \_\_\_\_\_

Emergency Notification (name(s)): \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

Person ('s) authorized to pick up child (relation): \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Health Ins. Co.: \_\_\_\_\_ Policy No. \_\_\_\_\_

Swimming Ability (we test each student prior to entering the water to confirm their swimming ability):

- Level One: Wading Pool (no camper over 4 ft. tall)     Level Two: Shallow end, water up to 3 ½ ft.  
 Level Three: Shallow end, water up to 3 ½ ft, slide     Level Four: All water depths, slide, low dive

Comments: \_\_\_\_\_

Does your child attend a Maryland School? ( name) \_\_\_\_\_

Has your child received all required state and federal immunizations? \_\_\_\_\_

If they have not, please provide required documentation of exemption.

Special Needs (social, emotional or psychological issues): \_\_\_\_\_

Does your child have any health condition ('s), which may require Emergency Action (e.g. seizures, asthma, insect sting allergy, bleeding problems etc.)? Please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications camper is taking: \_\_\_\_\_

Date of last Tetanus shot (this may not be left blank): \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

(Relationship to child)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Wilde Lake Karate WAIVER OF LIABILITY/RELEASE

Camp Attendee: First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

PLEASE READ CAREFULLY. THIS DOCUMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

**Wilde Lake Karate provide excellent supervision, occasionally accidents will occur. In the case that an incidence should arise, we need your specific permission to transport and to have your child treated by a healthcare professional/physician.**

**This also serves as specific permission to pick your child up from their respective school and transport them back to our studio for Karate. Wilde Lake Karate reserves the right to remove any child from our program for any reason at any time. This is for the safety and well being of all students and staff.**

I, \_\_\_\_\_, parent of \_\_\_\_\_ understand that there are numerous risks associated with participation in activities such as skating, amusement rides, slot car racing, and attendance at water parks, animal shows and any field trips or outside and inside activity. I acknowledge that many of these risks are inherent in these activities and that these activities, and other activities in which my child might be engaged, pose the possibility of severe injury, illness or death, and that the risks can not be eliminated, altered or controlled. I also acknowledge that motor vehicle accidents may occur in the course of transporting camp participants to or from other activities.

I give permission for my child to participate in all Before & After-School, Day Camp activities, including, but not limited to, those described above. I acknowledge and assume the risks involved in these activities and for any damage, illness, injury or death resulting from such risks for myself and my child. There are no physical, emotional or mental problems or limitations associated with my child's participation in camp activities, except as disclosed by me in writing to Wilde Lake Karate.

**RELEASE, WAIVER OR LIABILITY AND INDEMNIFICATION** In consideration of my child being permitted to participate in Wilde Lake Karate Before and After school, Day camp, Summer Day Camp, birthday parties, and any other activities I, on behalf of myself and my child, do hereby release and forever discharge Wilde Lake Karate, Inc., its officers, agents, representatives and employees, of and from all manner of actions, suits, claims and demands whatsoever, in law or in equity, with respect to any injury, illness, damage or death occurring to my child while he or she participates in any and all camp programs and activities. I hereby agree to indemnify and hold harmless Wilde Lake Karate, Inc. and its officers, agents, representatives, and employees, with respect to any claim asserted by or on behalf of my child as a result of property damage or personal injury, illness, damage or death, which indemnification and hold harmless includes any attorney's fees and costs.

I have read and understand the above and agree to be bound by the terms of this document.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEMBERSHIP  
AGREEMENT**

Member No. \_\_\_\_\_

WLK -----

- New**
- Rewrite**
- Renewal**

# Wilde Lake Karate

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M. Initial

Address \_\_\_\_\_  
Street Address City State ZP

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Driver's Lic. Or Soc. Sec. # \_\_\_\_\_

This contract covers your purchases of a (n) \_\_\_\_\_  
 For use by the member named described below.

**In Case Of Emergency Contact:**

#1 \_\_\_\_\_

#2 \_\_\_\_\_

**Member Information**

Name \_\_\_\_\_ ( M F ) Date of Birth \_\_\_\_\_  
Last First M

Name \_\_\_\_\_ ( M F ) Date of Birth \_\_\_\_\_  
Last First M

Name \_\_\_\_\_ ( M F ) Date of Birth \_\_\_\_\_  
Last First M

**Features of your Membership:**

Schools and days available: Your membership entitles the member to use the following school and days indicated (except for days we're closed):

- Taekwondo And Karate
- Kick Box
- Camp
- A.S.K.P

**LENGTH OF MEMBERSHIP**

Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ and end \_\_\_\_\_ months after that date or

Initiation Fee \$ \_\_\_\_\_ / / ( \_\_\_\_\_ ) belt level whichever comes first.

Membership Fee \$ \_\_\_\_\_

**P A Y M E N T O P T I O N S E L E C T E D**

MONTHLY FEE	AUTO CHECK CHARGE	PRE-PAYMENT	PAYMENT PLAN
\$ _____ MONTHLY	\$ _____ MONTHLY <small>VIS DS MC AE</small> Acct.# _____ Exp. Date: _____	\$ _____ TOTAL	\$ _____ Total Amount \$ _____ Finance Charge \$ _____ Down Payment \$ _____ Total Payment
Your payment schedule will be: _____	Number of Payments: _____	Amount of Payments: \$ _____	When Payment Are Due <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <b>Beginning</b> / /

I, we I/hereby agree to enroll the above named student into **school** for the period beginning / / and ending / / unless school is notified in writing within 30 days prior to the initial contract termination, this agreement will automatically renew for one year periods if you so indicate in paragraph 20, and will be subject to whatever new tuition requirements which may exist at that time provided that you are given written notice of any renewal tuition increase within 60 days prior to the expiration of the contract period. During the enrollment period, student agree to take and school agree to teach a course of Marital Arts consisting of not more than( ) lessons per week during the enrolment period. The actual number of lessons received, provided that such lesson do not exceed the maximum allowed per tuition, will have no effect on the amount of tuition for which the student has contracted for.

**by sign in this space provided below, you signify receipt of a completed copy of this contract and understanding the rules and regulation.**

\_\_\_\_\_  
 School (Representative) Date (Seal)

\_\_\_\_\_  
 Student/Parent/Guardian Date (Seal)

**School Notes:**

**2. Notice of Consumer Rights.** Our Health club registration number is (--E 2929----) School is not required to carry a performance bond under Maryland law since we don't collect more than three month's payment in advance or \$200.00 in initiation fees. You have the right to cancel this agreement within three (3) business days (including Saturday) after the date this contract is signed. Cancellation must be in writing and delivered, either in person or by certified or registered mail to the school. If buyer cancels contract within 3 business days, school shall refund any deposit, down payment or other monies advanced. If student becomes disabled for at least three (3) months during the membership term, and that disability is confirmed in writing by a physician, you have the right to an extension of this contract. If school is closed for a month or more, you are entitled to your choice either an extension of the contract or a pro-rated refund, except if the closing is not school's fault, in which case the choice of the remedy belongs to school. Notice of these consumer Rights is an integral part of this contract.

Lessons are not conducted on national holidays, examination days or of Tournaments held by the institute. In case of an emergency where classes are cancelled we will provide make-up classes. You understand further that strict observation by you of the rules and regulation relative to your training including the use of protective equipment required by the institute will largely eliminate the possibility of accident or injury and that you waive any claim of damages against the institute and/or its principles or instructors in any case resulting from the activity. **Required equipment is available for purchase at the institute.**

**3. Testing Fees.** In order to cover the costs of registration, promotion, certificates and a new belt, a testing fee is charged at each examination.

**4. Entire Balance Due.** If you repudiate this contract in writing, breach any provision, or don't make a payment within 20 days of your due date, we can suspend your membership privileges and require you pay the entire balance of what you owe, less any refund to which you are entitled as described under "Payment".

**5. Default.** You will be in default if you haven't paid us everything you owe by the scheduled end of this contract, or if the entire balance of what you owe becomes due and you don't pay us. After the scheduled end of this contract, you agree to pay interest at the Annual Percentage Rate stated on the front on that part of the amount financed which you still owe until you pay in full. We may get a court judgment against you for what you still owe and you agree to pay any court costs and reasonable lawyer's fees involved in collecting this contract to be set by the court. Any judgment shall bear interest at the highest rate allowed by law. Even if our schools and services are not used, you are still responsible for payment under this contract.

**6. Bad Check Charge:** If your checks for any payment under this contract are returned for insufficient fund on the second presentment, you may be charged a bad check fee of \$35.00 or the maximum amount permitted by law, and when applicable, a late charge as well as another charges allowed by law.

**7. Late Charge.** You will be charged \$35.00 or 5% of the amount in default; whichever is greater, if a payment is not made on the due date.

**8. Transferring This Contract.** We can transfer this contract to an independent financial institution, or we may refer it to another company for collection.

**9. Our Rules and Regulations:** The member shall follow all of the rules and regulations of the school, including hours of operation, which have been made available to you and are posted in the school. We can revoke your membership privileges if these rules and regulations are not followed, and we expressly reserve the right to change these rules, regulations and hours of operation. In addition, we expressly reserve the right to add to, eliminate, or alter any piece of martial equipment, furniture or fixture, when deemed necessary or desirable, if in our judgment it is in the best interest of our members.

**10. Release of liability:** It is understood that due to the nature of the training which is being provided by school that accidents do from time to time occur. While all precaution will be taken to assure the safety of all students, it is impossible to guarantee that such accidents will not occur. If you are involved in an accident which subjects you to any injury, you agree to hold school harmless and further that neither you, a parent, a guardian or any other financially responsible person will take no action against school.

**11. Change Of Contract:** Any change in this contract may only be made if both you and School agree in writing to any such charge.

**12. Age or Parental Consent Certification:** By signing this contract, you are certifying that you are either of legal age or that you are signing this contract as parent or legal guardian of minor, and by signing this contract on behalf of any minor, you hereby agree that you shall be responsible for all payments due hereunder and that you will indemnify and hold School harmless for any injuries, losses, or damages sustained to anyone as a result of the minor's participation in this program of instruction.

**13. Governing Law:** This agreement shall be governed in accordance with the laws of Maryland, and that there are no other agreements, terms, promises or obligations of either you or us which are not contained within this agreement. If any clause or provision of this agreement is unenforceable under any present or future law, the remainder of this agreement will not be affected thereby.

**14. Relocation Provision:** In the event that any enrolled student moves their residence more than 25 miles from any training location of school or any other school which has agreement with member school, student may cancel their membership without charge. In the event that a cancellation is effected in this manner, member school requires written proof of new residence along with the name address of new employer if applicable.

If your membership is canceled due the relocation provision being evoked, school may keep all initiation fees along with any pro-rated portion of your membership dues, which have been earned up to the date of cancellation. If you cancel under this provision and have not paid all dues earned up to the date by school, it is understood that school will initiate legal action against you and intends to seek all legal and other court costs as well.

**15. Cancellation for Medical Reasons:** while this contract is in effect and the member submits written documentation from a physician indicating that continued use of school facilities would impair the student's health and well being, this contract may be canceled provided that all dues and fees earned by school at the time have been paid. In this situation, the student must authorize school the ability of contacting the student's physician to verify the condition being used to cancel this agreement. In addition and as in #15, school has the right to keep all initiation fees earned and paid, except as provided for in the notice of Consumer Right.

**16. Relocation Of School.** We reserve the right to relocate or consolidate school location within a fifteen (15) mile radius of the current location. We will make a good faith effort to replace with comfortable facilities, but we do not guarantee the same.

**17. Student/School Representation:** The member applying warrants and represents that he/she/minor student is in good physical condition and has been advised by any Physician or Medical Facility that participation in the applied for course of training will in any way be adverse to the well being of the student. Furthermore, member represents that the student is able and allowed to participate in exercise and various martial arts curriculum, which is provided by school. Instruction provided by school through its qualified personnel assures that students will have proper instruction regarding the use of all equipment and the various exercises, which will be required. The student/parent/guardian represents that they have had the opportunity to either participate in or observe the martial arts training provided by school prior the signing of this contract. Student/parent/guardian understands that by participating in the martial arts program or by use of the facilities or equipment covered by this contract does present the possibility of accidental injury. Student/parent/guardian assumes all risk associated with such participation within this program and holds school harmless for any such injury or occurrence. In addition, student/parent/guardian agrees to indemnify school from any and all liability, which may arise against school by such member or through any other third party as a result of training received by school or by use of school's facilities or equipment. Student/parent/guardian understands that during the course of instruction, employees or higher degree student instructors of school will be engaged in a course of conduct requiring physical contact, and he/she (or parent or guardian) gives full consent to such contact as is required by the training.

**18. Medical Treatment:** Student/parent/guardian understands that accidental injuries may occur from time to time due to the nature of the training involved. While school will exercise all necessary care to assure the safety of its' students, accidents may occur beyond it's control. In the case of an injury, student/parent/guardian also understands that the staffs of school are not trained and have no expertise in the treatment of, or diagnosis of medical conditions of any kind. In addition, staff and school are unable to determine the medial effect upon any individual regarding any from of exercise or other from of training.

**19. Change In Membership Plan:** In the event that you desire to upgrade your existing agreement to any upgrade agreement available at that time, it is a permissible to do so provided that all old balances transferred at that time. It is understood that any such new contract does not void any contract terms to which you had previously agreed. In other words, the signing of a new contract does not void your responsibility under the previous contract.

**20. Contract Period and Automatic Renewal:** The initial period runs from the date of this signed contract, continuing for the initial term specified in paragraph # 1. Thereafter, the contract renews automatically for one year unless student or financially responsible person notifies School in writing with 30 days notice prior to the following month.

Signature \_\_\_\_\_