



SUMMER KARATE CAMP AGREEMENT

This service agreement begins _____, 2021 until _____, 2021

Child's Name: _____ Age: _____

Parent's Name: _____ Phone: _____

Email: _____ Emergency: _____

Address: _____

City: _____ State: _____ Zip: _____

I understand that I'm signing a service for SUMMER KARATE CAMP for my child named above with one-time Registration Fee of \$99 My failure to utilize the service committed for does not relieve me of my obligations to pay the installment note in full.

I understand, that my commitment is absolutely non-cancelable without 7 days' notice to withdraw my child.

I agree to pay to KickStart Karate or its assigns the total sum of \$ _____, payable in consecutive installment of (please select) _____ \$ _____ Weekly, _____ \$ _____ Bi-Weekly, _____ \$ _____ Monthly due as scheduled beginning _____ 2021 and scheduled thereafter until the full amount is paid.

I also agree for KickStart Karate to charge to my Credit / Debit Card for the installment of this commitment until the amount is paid full even if I'm not using the service (days or weeks that are not use cannot be use as credit for future weeks as payment).

I am also aware that there is a Fees Card on File of 3.50%+ \$0.15 will be added to the installment payment.

I understand that KickStart Karate is not a Day Care and it will not supervise my child as such.

I understand that KickStart Karate is a Martial Arts School focusing on Character Development thru Karate Training.

I understand that KickStart Karate operates as an Open Access Facilities according to the laws of the State of Florida.

DEBIT/CREDIT CARD ON FILE INFORMATION

Card Number # _____ Exp. _____ CSC _____

Name on the Card _____ Zip Code Billing: _____

Purchaser Signature _____ Date _____

KickStart Karate _____ Date _____

WAIVER

I the parent of _____ give permission to participate in the Summer Karate Camp. I understand that the Summer Karate Camp are held at the facility 6827 N Orange Blossom Trail Suite 8 Orlando, FL 32810. I am Responsible to follow the safety guidelines and regulations of KickStart Karate that are put in place because of COVID-19. I hereby acknowledge that he/she or I'm capable of participating in this Karate Classes. I therefore waive any claim or any responsibility to Mr. and Mrs. Serrano/KickStart Karate, LLC and its instructor or staff for any injury I or my son/daughter may occur during participating in the Karate Classes. I consent that any picture furnished by me or any picture taken of my son/daughter in connection with the Karate Classes can be used for publicity, pro-motion, or television show and I waive compensation in regards thereto. I also that my child is not going to be under supervision and KickStart Karate is not responsible for my child, I totally understand that my child is going to have a physical activity that going to be involve only Karate Training. I also understand that KickStart Karate is not a Day Care.

Parent Signature _____

Date _____