



GO-TI School of Combative Arts Tampa LLC

Application Payment Agreement / Waiver Release Form

(PLEASE PRINT)

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ AGE: _____

Waiver and Release

I, _____, (referred to as the "Undersigned") do hereby agree to participate with GO-TI School of Combative Arts Tampa LLC (referred to as "School") located at 1465 W Busch Blvd, Tampa, FL 33612. As the parent/guardian/student, I am responsible for reading and understanding the entire agreement before signing this document.

The undersigned expressly admits and is fully aware of the inherent danger and chance of bodily injury involved in martial arts training and knowingly assumes the risk and all consequences thereby caused. The undersigned is also fully aware of and understands the inherent and potential risk involved in general athleticism, calisthenics, weight training, boxing and physical exertion in general and does hereby waive all manner of action and actions, cause and causes of action, damages, claims and demands and forever discharges the "School" and all of its agents, and/or contractors from any and all claims, demands and liabilities on account of any and all injuries, communicable diseases, losses and damages to his or her person or property which might be caused, or may at any time arise, during his or her activities in connection with the "School".

The "Undersign" understand that the classes are based on a twelve month calendar year and that the fee for the school session is based on a twelve month calendar year. The "Undersigned" understands the registration fee is a one-time fee as long as the student remains in good standings with the "School".

Class/Program fees are due and must be paid on or before the 1st of each month, regardless of student's absence, major holidays and/or school holidays. The "Undersigned" understands that they will not receive a courtesy bill reminder and that fees not received by the 7th day of each month will assess a late charge, starting at \$15.00. All fees are to be paid by EFT or money orders. If the "School" accepts a check from the "Undersigned and/or his/her designee", a returned check for insufficient funds will result in a \$35.00 penalty fee. The "School" advises that it is the "Undersigns" responsibly to make sure payments are received on time.

Delinquent accounts will be turned over to a collection agency. On-line Bill Pay is the preferred method of receiving payments. All fees are subject to an annual increase due to the cost of living.

The "Undersign" understands that registration, class/program, equipment, testing fees and private lessons are non-refundable. If the "Undersign" wishes to terminate this agreement, he/she will provide the "School" a sixty day advance written notice on or before the 25th of the current billing cycle month, along with the required termination form, signed by the student and/or guardian and the "School's" office manager. (The form is available in the school's office) Class/Program fees must be paid in full and your account must be in good standing before a "Student Termination Request Form" will be accepted by the "School" and/or School's Billing Company. There are no pro-rations or refunds upon registration enrollment excluding the following exception: when a new student enrolls during their first month and wishes to start immediately with fewer than four classes left in a month. For that month only a pro-ration will be allowed and charged a per diem per day. This does not apply during major holidays, school holidays and/or when the "School" is closed.

Uniforms, equipment, camps, testing fees, private lessons, etc. are all additional costs and are not included in the class/program or registration. It is the student/parent/guardians responsibility to bring the student into the building and to pick them up immediately after class. The "School" request that students come to class dressed appropriately. If not, there is a designated dressing area to utilize prior to their scheduled class. Parents and family members are welcome to watch the class, but must be quiet and not disturb the students and/or staff members.

Payment Plans

	Adult <small>(Ages 13 & up)</small>	Child <small>(Ages 8 – 12 years)</small>	Tots <small>(Ages 4 – 7 years)</small>	# of Students	Total
Annual	\$800	\$620	\$450		
Semiannual	\$420	\$330	\$235		
Monthly	\$85	\$65	\$45		
Weekly	\$40	\$30	\$25		
Daily	\$15	\$15	\$15		
Family Rate	Plans Available				
Registration Fee <small>(Non-Refundable)</small>	\$65	\$45	\$35		
Grand Total					

ALL PRICES ARE SUBJECT TO CHANGE

Type of Membership

- | | | |
|-------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Weekly | <input type="checkbox"/> Family |
| <input type="checkbox"/> Semiannual | <input type="checkbox"/> Daily | <input type="checkbox"/> Other |

Member Information

Name (Last, First)	Gender	Age	Date of Birth	Relationship

By signing below, I agree to the following:

The intention hereof is to release completely, absolutely, and finally the said *GO-TI School of Combative Arts Tampa LLC* and all of its agents and/or contractors from all liabilities which might arise wholly or partially from the cause aforesaid.

This waiver is given for valuable consideration of the use of the *GO-TI School of Combative Arts Tampa LLC* and was not given under duress, threat, or coercion of any kind, nor were any unmentioned inducements offered in exchange for it.

I agree to the terms, condition, rules and regulation of this agreement and will make payments according to the payment options above. This agreement will remain on file in the “School’s” office unless the terms and conditions change. At that time a new agreement will be executed.

Signature

Print

Date