

SaBumNim Martial Arts Academy, LLC

Date: _____

SMA Account No.: _____

PROMISSORY NOTE/CONTRACT/RELEASE

APPLICANT: _____ AGE: _____
FIRST NAME M.I. LAST NAME

HOME ADDRESS: _____
STREET CITY STATE ZIP

EMPLOYER: _____ OCCUPATION: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____
DATE OF BIRTH: ____/____/____ HEIGHT: _____ WEIGHT: _____ MALE: _____ FEMALE: _____
Previous Martial Arts Training (Style/Rank): _____

Shopper _____; School Sign _____; Friend _____; Internet _____; E-mail: _____

In exchange for Applicant's payment of the fee(s) set forth below, SaBumNim Martial Arts Academy, LLC (referred to in this contract as SMAA) shall furnish to Applicant the facilities and competent instructor(s) for teaching contracted course of instruction.

Enrollment requires a minimum 3 month contract or enrollment in the EFT debit program, after first month trial period. The EFT/ACH program requires a 30 day notice to process cancellation.

Applicant (also referred to as student in this contract) acknowledges that it has been explained to him/her that SMAA lessons, instructions, and contests involve strenuous physical energy and he/she has no knowledge of any physical or mental conditions which would render him/her unable to participate and continue in such and that his/her failure to regularly attend the classes will not relieve him/her of his/her obligation to pay the full amount contracted regardless of the circumstances.

Applicant hereby acknowledges and promises that he/she is willing and able to pay the total consideration agreed upon in this contract and understands that it is absolutely non-cancelable, non-transferable, and non-refundable. Applicant further acknowledges that he/she has received a copy of this contract.

RELEASE

Applicant understands that under the terms of this contract, SMAA obligates itself to furnish facilities and qualified instructor(s) for conducting all lessons, instructions, and contests conducted by SMAA and that reasonable care is taken to prevent injuries and to minimize accidents. It is required that students obey the rules of the instructor(s). It has been explained to the student that the aforesaid lessons, instructions, and contests involve some physical contact with the instructor(s) and/or other students, which may occasionally result in accidental personal injury.

Recognizing and being aware of the aforesaid facts, I, individually and for my successors, heirs, executors, administrators, and assigns, hereby expressly assume all risk of injury, resulting either directly or indirectly from the aforementioned lessons, instructions, and contests in the martial arts and hereby release SMAA and all of its employees, instructors, persons, firms, or corporations of and from every claim, demand, right, or injury or suffering, which hereafter may be sustained in consequence of such lessons, instructions, contests, traveling to, participating in, or returning from said contests. It is further understood that the terms and conditions of this contract are binding, even in the event of accidental personal injury to the student's person, and that such accidental personal injury does not limit or terminate any contractual obligation to SMAA in any manner whatsoever. I further agree to be bound by all written rules of SMAA. If I fail to comply with the written rules of SMAA, SMAA may discontinue class instruction under this contract and I shall remain responsible for the full payment set forth above.

I give my permission to have my photograph(s) published in SMA literature and on the SMA website for purposes of advertising and information sharing.

X _____
Witness Signature Date

X _____
Applicant's Signature (If minor, signature of parent or guardian) Date



Pre-Authorized Payment Agreement (ACH)

Student Name: _____

I hereby authorize SaBumNim Martial Arts Academy, LLC, to initiate debit entries to my Checking or Savings account, as indicated below:

Financial Institution Information:

Bank or Credit Union Name: _____

City: _____ State: _____ Zip: _____

Type of Account (check one): Checking Savings

Account Number: _____

Routing (ABA) Number: _____

Amount of Monthly Debit: \$_____ Date of Debit (1st or 15th): _____

In the event of insufficient funds in my account(s), I will be responsible for paying a fine of \$25 to SaBumNim Martial Arts Academy, LLC, per transaction.

Name on Bank Account: _____

Signature: _____ Today's Date: _____

SaBumNim Martial Arts Academy Representative Today's Date: _____