

INDEMNITY FORM

This Serves To Confirm That I/We:

(Dad/Guardian) name: _____

(Mom/Guardian) Name: _____

Parents / Guardian of (child's name): _____

Do not hold Amazing Troopers Institute responsible for any negligence beyond the facility's control that may occur during the hours that my child is attending the facility.

I/We agree that Amazing Troopers Institute may increase the fees from time to time at their sole discretion. In addition to the annual increase, should same be required for operational reasoning.

Once this application from has been signed and handled in at Amazing Troopers Institute I/We undertake to pay the registration fees as well as the school fee in advance for the first month and the month fee by the 07th of the month and every successive month thereafter.

I have read and accept the policies and procedures of Amazing Troopers Institute and agree that they form part of my contract. I understand that this contract may be reviewed and revised as necessary and that I will be provided with written notice of any such revisions/changes at least 30 days prior to any changes/revisions to this agreement becoming enforceable.

Sign on this _____ day of _____ 20_____

Dad/Guardian Signature: _____

Mom/Guardian Signature: _____