

Achievement Enterprises, LLC

North Shore Taekwondo
(218) 464-9960
info@duluthmartialarts.com

STUDENT AGREEMENT

SECTION I: REGISTRATION INFORMATION

Effective Date: _____
(FOR OFFICE USE)

(Please print)

Student's Name: _____

DOB: _____ Age: _____ Gender: _____

Student's Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

School or employer: _____

Please list/describe health or physical problems, limitations or disabilities: _____

Student's Parent/Legal Guardian (if minor) _____

Relationship to student: _____

Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Employer: _____

Party Responsible for Payment: (if other than Student or Parent/Legal Guardian)

Name: _____

Relationship to Student: _____

Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Employer: _____

Emergency Contact:

Name: _____ Relationship to Student: _____

Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Employer: _____

NOTICE TO STUDENT, PARENT/LEGAL GUARDIAN & PARTY RESPONSIBLE FOR PAYMENT:

The Student, Parent/Legal Guardian and Party Responsibly for Payment will read this entire agreement, and any attachments or addenda, before signing. Promotional testing, uniforms, equipment, seminars, tournaments, and other items and events separate from the customary classes of instruction require additional fees and costs not detailed in the terms of this agreement. This agreement comprises the entire agreement pertaining to enrollment and instruction, and no other agreement of any kind will be recognized. Should the Student change their enrollment status, this agreement in its current state becomes void and a new agreement shall be completed, or an addendum to this agreement shall be made, to reflect the changed enrollment status. This agreement is not transferable.

PLEASE INITIAL AT THE END OF EACH PARAGRAPH OR SECTION WHERE INDICATED

SECTION II: AGREEMENT TERMS & CONDITIONS

ACHIEVEMENT ENTERPRISES LLC (**the SCHOOL**) agrees to provide martial arts instruction and training to the Student during the scheduled class times. It is the responsibility of the Student to attend classes. The Student, the Student's Parent/Legal Guardian and/or Party Responsible for Payment (**the STUDENT**) understands that the entire course fee is due and payable according to the terms of this agreement **whether or not the Student chooses or is able to attend class sessions.** _____ (**initial**)

It is the intention of the parties that this agreement be continuing in nature, and that it will remain in effect unless terminated. To terminate this agreement, and to prevent any future charges from occurring, the STUDENT must give **written notice** of his/her intent to cancel this agreement **prior to the first day of the month for which he/she desires to cease training and cancel this agreement.** Written notice is defined as letter or email. Until such notice is given, the Student will continue to be billed and charged their usual fees according to the terms of this agreement. In the event the STUDENT terminates this agreement, there shall be no reimbursement of any monies paid or prepaid. The STUDENT is aware that they are paying for future services and may be risking loss of money. Under payment plan options longer than month-to-month and that are paid by monthly installments, the Student shall continue to be charged the monthly installment payments until the full cost of their agreed-upon payment term option has been paid in full. _____ (**initial**)

The STUDENT understands that promotional testing is a required part of the program, and agrees to take part in promotional testing and to pay the necessary test fees. Further The STUDENT understands that fees paid for on-site instruction allow the student enrollee to participate only in regularly scheduled classes at the student's usual site of instruction. Additional instruction at other times, locations, or facilities may entail additional fees. _____ (**initial**)

The STUDENT understands that classes may be canceled or postponed due to planned or unplanned circumstances or events such as, but not limited to, inclement weather, legal holidays, school closings, and instructor illness. In such instances, there shall be no reimbursement, prorating, or crediting of any monies paid or due. _____ (**initial**)

The STUDENT agrees and promises to pay in full the course fees indicated on this agreement by the First day of each month (the Due Date) commencing on the date of execution of this agreement and continuing for the term of the agreement. A \$10.00 late charge may be assessed for any payment 20 days past due. If the STUDENT fails to pay any fee when due, in accordance with the terms of this agreement, the total balance due under this agreement shall be immediately due and payable, and will be subject to late fees. _____ (**initial**)

The STUDENT agrees to abide by all current or amended rules and conditions governing the operation of the SCHOOL, instruction sessions and the conduct of students. The SCHOOL reserves the right to amend or add to the rules and conditions, and to adopt new rules and conditions, at its sole discretion. The SCHOOL reserves the right to revoke or terminate any student's agreement at its sole discretion. _____ (**initial**)

The STUDENT understands that there is a risk of personal injury to the Student involved in the course of instruction and related activities, and agrees that the course of instruction and related activities are undertaken at the Student's own risk. The STUDENT agrees for them self, the student, their heirs, executors, administrators, and assigns to indemnify and save harmless ACHIEVEMENT ENTERPRISES LLC and its respective owners, representatives, agents and employees from any and all losses to the Student or to third persons in any way arising out of the course of instruction and related activities. _____ (**initial**)

It is the responsibility of the STUDENT to consult with a physician prior to the Student commencing training to determine any possible physical limitation or potential adverse health effects associated with the course of instruction and related activities. In signing this agreement, the STUDENT gives consent for authorized medical personnel to provide such medical care as deemed necessary, should the Student require such care as a result of his/her participation in the course of instruction and related activities. _____ (**initial**)

ACHIEVEMENT ENTERPRISES LLC and its respective owners, representatives, agents and employees shall not be responsible for damaged, lost or stolen articles, inside or outside the facility or site of instruction. The STUDENT irrevocably authorizes the SCHOOL, and its successors and assigns, and those acting under its authority, to copy, use, distribute or publish, for art, advertising, trade, or any other lawful purpose, photographic portraits, pictures, audio recordings and video recordings. _____ (initial)

The STUDENT understands and agrees that the SCHOOL's training program and martial arts curriculum may not be shared, illustrated, copied, taught or sold outside of the SCHOOL under any circumstance without the express written authorization of the same. _____ (initial)

In consideration of the training obtained, the STUDENT agrees that during the continuance of this agreement, and for a period of two (2) years following termination of association with the SCHOOL, the Student shall not engage in teaching Martial Arts or offering similar training or instruction within a fifty (50) mile radius of any school or program operated by ACHIEVEMENT ENTERPRISES LLC or of any affiliated school, without the express written authorization of same. _____ (initial)

SECTION III: ENROLLMENT & PAYMENT OPTIONS (see current schedule of rates & payment options)

Initial enrollment (check one): Full enrollment Limited enrollment (specify)_____

TOTAL INITIAL PAYMENT DUE: \$ _____

AMOUNT PAID: \$ _____ by Cash Check Debit/Credit

BALANCE DUE: \$ _____ to be paid by Cash Check Debit/Credit

Note: Any initial balance due, and the ongoing payments due, shall be paid as described in the current schedule of rates and payment options.

Explanation of enrollment status and payment obligations:

I/we acknowledge that I/we have read (or had read to me) this entire agreement and I/we knowingly enter into it and agree to abide by its terms and conditions:

Student or Parent/Legal Guardian Signature: _____ Date: _____

Party Responsible for Payment Signature: _____ Date: _____
(If other than Student or Parent/Legal Guardian)