

# UNITY MARTIAL ARTS ACADEMY, LLC

14220 Thamhall Way, Orlando, FL 32828

## MEMBERSHIP AGREEMENT

Name/Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Cell (2): \_\_\_\_\_

Email: \_\_\_\_\_

Important - List ALL persons and their ages who will be receiving services as guaranteed by this membership.

1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 .....

### Method of Payment

Auto-Pay Credit/Debit Card (tuition payment is deducted on the 1st of each month)

Type of credit card (circle one): Discover MasterCard AmEx Visa

Credit card number: \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

One-Year Pre-Pay

### Financial Terms:

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Membership Begins: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Membership Expires: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Monthly Tuition Total: \$ \_\_\_\_\_

One-Year Pre-Pay: \$ \_\_\_\_\_

### Authorization for Auto-Pay Credit Card and Automatic Membership Renewal:

The Member hereby understands and authorizes Unity Martial Arts Academy, LLC/Unity Youth Fellowship, Inc. DBA UMAA/UYF to deduct tuition payments from the Member's credit/debit card account according to the terms of this agreement. This agreement will automatically renew continually per the terms stated above with the same method of payment, due date and billing frequency at the time of expiration. There will be a minimum 2% increase per year on tuition rates. Member authorizes Unity Martial Arts, LLC/Unity Youth Fellowship, Inc to electronically deduct/process payments on or after due date for each consecutive billing cycle according to the terms of this agreement. Member Initials: \_\_\_\_\_

### CANCELLATION:

To cancel this membership agreement pursuant to any right contained herein the member shall notify UMAA/UYF of cancellation in writing, by certified mail return receipt requested, or by personal delivery to the address specified in this agreement for UMAA/UYF. Upon receipt of membership cancellation UMAA/UYF reserves the right to cancel this membership agreement within thirty (30) days with a cancellation fee equal to one month tuition total payment as specified in this agreement. Any refund on enrollment fee or any remaining pre-paid tuition is at the sole and absolute discretion of UMAA/UYF. UMAA/UYF will allow training sessions to be made up that have been missed because of illness, accident, and emergencies for a minimum of one month. UMAA/UYF management must be notified in writing in advance of the absence.

### WAIVERS:

As an inducement to cause Unity Martial Arts Academy, LLC/Unity Youth Fellowship, Inc to extend services to me, my spouse and/or my children, and in consideration of the provisions of these services, I, the undersigned behalf myself, my heirs, assigns, personal representatives, my children and my estate, hereby state as follows: I understand and acknowledge that I, my spouse and/or my children are about to engage in an activity which includes strenuous exercise and body contact which involves certain risks as well as unanticipated risk which could result in injury, harm or death to myself, my property, or third parties. I am aware that Taekwondo is a vigorous activity involving bodily contact in a unique environment and as such it poses an abnormal risk of injury. I understand that Taekwondo, and related activities, always involves certain risk including but not limited to, death, serious neck and spinal injuries, complete or partial paralysis, brain damage, and serious injury to any and all bones, joints, muscles, and internal organs. The risk of harm may be limited by the proper performance of instruction under the supervision of trained instructors, but never eliminated. In full awareness of the risks, both known and unknown, associated with the activities offered by UMAA/UYF/URC, I hereby expressly and voluntarily release UMAA/UYF/URC, its officers, agent, employees and instructors from all responsibility, liability, claims, demands, charges, duties, injuries, actions, causes of action, suits, complaints and promises of any nature whatsoever relating to or deriving from my, my spouse's and/or my children's presence at the UMAA/UYF/URC premises or my participation in any activities directly or indirectly related to the activities at UMAA/UYF/URC. I voluntarily agree to assume all risk of personal injury, including paralysis and death, that may occur while I am in the facility of UMAA/UYF/URC or participating in an event or program via my membership with UMAA/UYF/URC. My participation in these activities is purely voluntary and I elect to participate in spite of the risks, and I further understand that my children will be fully supervised during this event time only and I hereby release all of the above-mentioned parties from any and all responsibility for my child during non-class or function related times. I further agree that I, my family, estate, heirs, or assigns will not bring any claim or suit against UMAA/UYF/URC, its instructors, staff, students, guests, handoff or any other parties on behalf of me or my child by any event short of a criminal act, and then only the criminal will be the subject of the

Picture Release Form

(We), personally and on behalf of \_\_\_\_\_ the \_\_\_\_\_ undersigned parent (s) or legal guardian of \_\_\_\_\_ a student /child/participant of Unity Sports Center and Unity Martial Arts Academy, LLC, do hereby consent, authorize and grant permission to the Unity Sports Center and Unity Martial Arts Academy, LLC it's agents, employees or duly authorized representatives to take photographs and videos tapes of said student/child/participant, and do further consent to the publication, circulation and dissemination of said photographs and video tapes or any duplication or facsimile thereof for any purposes it may deem proper, including to use on our website on the Internet, Facebook, Instagram and Team App.

In granting such permission, (We) hereby relinquish and give Unity Sports Center and Unity Martial Arts Academy, LLC, all right, title and interest to the pictures, negatives, reproductions or copies, and further waive any and all right to approve the use of such photographs and video tapes and further do waive any right to compensation for the publication or other use of said photographs and video tapes and do release Unity Sports Center and Unity Martial Arts Academy, LLC, it agents, licensees, representatives and assigns from any and all claims of any nature whatsoever arising from their use.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Permanent Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Thank you for your cooperation!

**Unity Sports Center  
Soccer Program 2016-2017**

Enrollment date \_\_\_\_\_

Start date \_\_\_\_\_

Print Name \_\_\_\_\_

Last Name \_\_\_\_\_

Nickname \_\_\_\_\_

DOB \_\_\_\_\_

Name of Elementary School \_\_\_\_\_

Parent (s) Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Residence \_\_\_\_\_

Business \_\_\_\_\_

Cell \_\_\_\_\_

Employer and Phone number \_\_\_\_\_

In case of emergency notify \_\_\_\_\_

Phone \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Email: \_\_\_\_\_

Please note: Please make check payable to U. Y. F. We also accept Visa and Mastercard. In the event of non-payment by due date, I authorize my credit card to be charged for the amount due plus applicable late fees and/or outstanding balances.

1. Payments are due the first day of each month.

2. A returned check will have a service fee of \$35.00. For the second check a \$40.00 service charge will be assessed. Additionally, the about credit/debit card will be debited for the returned checks (s) plus any outstanding fees. Resulting in the right to have all future transactions made in the form of CASH ONLY, your prompt payment is appreciated and expected.

3. Waiver & Release: Buyer(s) understands that Student(s) is engaging in physical activities/exercises, along with the use of Unity Martial Arts Academy "LLC", Unity Youth Fellowship Inc., Unity Recreation Center, Inc, Unity Sports Center and Louis A. Garcia and Doris Garcia, facility, equipment, training and instruction, which can be dangerous & could cause injury. Therefore Buyer(s), assumes all risk of injuries to said individual(s). Buyer/Student(s) hereby waives and releases any claim or right to sue the Unity Martial Arts Academy "LLC", Unity Youth Fellowship Inc., Unity Recreation Center, Inc, Unity Sports Center Louis A. Garcia and Doris Garcia, employees or agents for injury. Buyer(s) has carefully read this waives and releases and fully understands that it releases Unity Martial Arts Academy "LLC", Unity Youth Fellowship Inc., Louis A. Garcia and Doris Garcia, employees or agents of all liabilities for any injury that may occur. It is always advisable to consult your physician before undertaking any physical activity/exercise program, particularly karate and any sports activities.

4. LOSS/DAMAGE/THEFT: Unity Youth Fellowship Inc., Unity Martial Arts Academy, "LLC", Unity Recreation Center, Inc, Unity Sports Center and Louis A. Garcia and Doris Garcia, does not assume any responsibility for the loss, damage or theft of any property belonging to the Buyer(s)/Student(s) and agrees that Unity Youth Fellowship Inc., Unity Martial Arts Academy "LLC", Unity Recreation Center, Inc, Unity Sports Center and Louis A. Garcia and Doris Garcia and it's personnel are not responsible or liable for any such property in the event of loss, damage, or theft on or about the facility.

AUTHORIZED SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENTS: IN CASE OF EMERGENCY, PLEASE LIST THE NAMES AND PHONE NUMBERS OR ANYONE AUTHORIZED TO PICK UP YOUR CHILD(REN) PLUS ANY ADDITIONAL INFORMATION, ON REVERSE SIDE OF THIS AGREEMENT.

**Unity Sports Center  
Afterschool Program 2016-2017**

Enrollment date \_\_\_\_\_

Start date \_\_\_\_\_

Print Name \_\_\_\_\_

Last Name \_\_\_\_\_

Nickname \_\_\_\_\_

DOB \_\_\_\_\_

Name of Elementary School \_\_\_\_\_

Parent (s) Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Residence \_\_\_\_\_

Business \_\_\_\_\_

Cell \_\_\_\_\_

Employer and Phone number \_\_\_\_\_

In case of emergency notify \_\_\_\_\_

Phone \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Email: \_\_\_\_\_

Please note: Please made check payable to U. Y. F. We also accept Visa and Mastercard. In the event of non-payment by due date, I authorize my credit card to be charged for the amount due plus applicable late fees and/or outstanding balances.

Initial \_\_\_\_\_ Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration \_\_\_\_\_ CID \_\_\_\_\_

1. Payments are due the first Monday of each week.

2. A returned check will have a service fee of \$35.00. For the second check a \$40.00 service charge will be assessed. Additionally, the about credit/debit card will be debited for the returned checks (s) plus any outstanding fees. Resulting in the right to have all future transactions made in the form of CASH ONLY, your prompt payment is appreciated and expected.

3. Waiver & Release: Buyer(s) understands that Student(s) is engaging in physical activities/exercises, along with the use of Unity Martial Arts Academy "LLC", Unity Youth Fellowship Inc., Unity Recreation Center, Inc, Unity Sports Center and Louis A. Garcia and Doris Garcia, facility, equipment, training and instruction, which can be dangerous & could cause injury. Therefore Buyer(s), assumes all risk of injuries to said individual(s). Buyer/Student(s) hereby waives and releases any claim or right to sue the Unity Martial Arts Academy "LLC", Unity Youth Fellowship Inc., Unity Recreation Center, Inc, Unity Sports Center Louis A. Garcia and Doris Garcia, employees or agents for injury. Buyer(s) has carefully read this waives and releases and fully understands that it releases Unity Martial Arts Academy "LLC", Unity Youth Fellowship Inc., Louis A. Garcia and Doris Garcia, employees or agents of all liabilities for any injury that may occur. It is always advisable to consult your physician before undertaking any physical activity/exercise program, particularly karate and any sports activities.

4. LOSS/DAMAGE/THEFT: Unity Youth Fellowship Inc. Unity Martial Arts Academy, "LLC", Unity Recreation Center, Inc, Unity Sports Center and Louis A. Garcia and Doris Garcia, does not assume any responsibility for the loss, damage or theft of any property belonging to the Buyer(s)/Student(s) and agrees that Unity Youth Fellowship Inc., Unity Martial Arts Academy "LLC", Unity Recreation Center, Inc, Unity Sports Center and Louis A. Garcia and Doris Garcia are not responsible or liable for any such property in the event of loss, damage, or theft on or about the facility.

AUTHORIZED SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENTS: IN CASE OF EMERGENCY, PLEASE LIST THE NAMES AND PHONE NUMBERS OR ANYONE AUTHORIZED TO PICK UP YOUR CHILD(REN) PLUS ANY ADDITIONAL INFORMATION, ON REVERSE SIDE OF THIS AGREEMENT:

**Transportation Waiver**

In consideration of the opportunity for to be a participant at Unity Martial Arts Academy, LLC afterschool or summer program, I, hereby agree to release, indemnify, and hold harmless Unity Martial Arts Academy, LLC, Unity Youth Fellowship Inc, Louis A. Garcia and Doris Garcia, and Florida Auto Import, LLC, Unity Recreation Center, Inc, Unity Sports Center and their facility, employees and agents from any responsibility or liability for personal injury, including death and damage or loss of property, whether or not arising from the negligence of the program, that my child/participant may incur while my child/participant is traveling to or from all the events and activities for this afterschool/summer camp program.

In addition, I understand that Unity Martial Arts Academy, LLC, Unity Youth Fellowship, Inc, Louis A. Garcia and Doris Garcia, and Florida Auto Import, LLC, Unity Recreation Center, Inc, as the parent of the child/participant, must provide medical insurance and/or coverage. In the case of injury or medical emergency and in the event, I cannot respond at the time of the emergency, Unity Martial Arts Academy, LLC, Unity Youth Fellowship Inc, Louis A. Garcia and Doris Garcia, and Florida Auto Import, LLC, Unity Recreation Center, Inc, have administered first aid or emergency medical care deemed necessary for my child/participant's welfare. And it is understood that the parents of the child/participant not Unity Martial Arts Academy, LLC, Unity Youth Fellowship Inc, Louis A. Garcia and Doris Garcia, and Florida Auto Import, LLC, Unity Recreation Center, Inc, shall not be responsible for any and all charges for such health care and/or emergency services.

Furthermore, I recognize that all events and activities at Unity Martial Arts Academy, LLC, Unity Youth Fellowship Inc, Louis A. Garcia and Doris Garcia, and Florida Auto Import, LLC, Unity Recreation Center, Inc, and I knowingly and voluntarily assume the risk of any injuries, regarding the severity, including death, and all risk of damage to or loss of property which may incur from the travel to and from any event or activities.

Unity Martial Arts Academy, LLC, Unity Youth Fellowship Inc, Louis A. Garcia and Doris Garcia, and Florida Auto Import, LLC, Unity Recreation Center, Inc, Unity Sports Center has explained to me the safety rules for travel and that my child/participant is required to wear a seat belt at all times in any vehicle (except on school buses) of transportation for Unity Martial Arts Academy, LLC, Unity Youth Fellowship Inc, Louis A. Garcia and Doris Garcia, and Florida Auto Import, LLC, Unity Recreation Center, Inc, Unity Sports Center Afterschool/summer program activities.

Afterschool/Summer  
Program Manager

Date: \_\_\_\_\_

Date: \_\_\_\_\_