



CALVARY MARTIAL ARTS MINISTRY

Financial Contract & Hold Harmless Date _____

Parent(s) Names:

Name _____ Email _____ Phone _____
 Address _____ cell phone carrier _____
 Name _____ Email _____ Phone _____
 Address _____ cell phone carrier _____

Individual Responsible for Payment:

Check here ___ if same as above.

Name _____ Email _____ Phone _____
 Address _____

Participant:

Name _____ Age _____ Monthly Fee \$ _____
 Name _____ Age _____ Monthly Fee \$ _____
 Name _____ Age _____ Monthly Fee \$ _____

Payment Monthly (1st):

_____	_____
Signature	Date
_____	_____
Signature	Date

Credit/Debit Card

Name on Account _____

Visa
 MC
 Discover
 AMEX

Card number _____ exp. date _____ CSV code _____ billing zip code _____

Release of All Claims

In consideration for my child being allowed to participate in activities sponsored by Calvary Baptist Church, I hereby release, discharge, indemnify, and agree to hold harmless Calvary Baptist Church, its directors, officers, employees, agents, and all volunteer personnel from any and all liability for personal injuries and/or damage(s), injury or illness that may be suffered by the above participant.

I/we further agree to indemnify and hold harmless Calvary Baptist Church, its directors, officers, employees, agents, and all volunteer personnel from any claim and/or damages it, or its agents are required to pay as a result of any injury or damage including reasonable attorney fees, litigation expenses, and court costs.

Parent/Guardian Signature _____ **Date** _____

OFFICE USE ONLY

Notes: _____

Fees \$ _____

Discounts MC CM PIF S FA EMP Self Pay First month paid

Draft amount per payment \$ _____ Start Date _____ Initials _____ Date _____