

Abilities Movement, Inc.

SERVICE AGREEMENT

Abilities Movement, Inc Services agreement: dated _____ BETWEEN:

_____, Participant, Parent or Guardian on behalf of _____
(the "Client")

-AND-

Service Provider:

Abilities Movement, Inc (AM)

The following are the terms and conditions that both the service provider and the client will agree upon. The Service Agreement is subject to the items outlined in AM Terms and Conditions 10/18.

Services Provided

1. The Parent or Guardian of Client hereby agrees to hire AM to provide the Client with services (the "services") consisting of:

2. The Services will also include any other tasks which both AM and the Client may agree on. AM hereby agrees to provide such services to the Client.

Term of Agreement

3. The term of this Agreement (the "Term") will begin on the date of this Agreement and will remain in full effect until the completion of the Services, subject to earlier termination upon the request of the client. The Term of this Agreement may be extended by mutual written agreement of the Parties.

Dates of Service and Financial Responsibility

4. Services to be provided as follows:

Compensation

5. For the services rendered by AM as required by this Agreement, the Client will provide compensation (the "Compensation") to the Service Provider of **\$60.00 per session.**

Self-Directed Information

6. If community classes are being submitted through a self-directed budget please provide the information below. You must state this when enrolling in AM classes.

Broker Name: _____ Financial Intermediary Name:

Telephone: _____ Telephone: _____

Email: _____ Email: _____

Address:

City: _____ Zip: _____

Notice

7. All notices, requests, demands or other communications required or permitted by the terms of the Agreement will be given by US Mail and email to the client and Parent/ Guardian and the Service Provider, as follows:

_____ Abilities Movement
_____ 144 Fairport Village Landing, #332
_____ Fairport, NY 14450
_____ info@abilitiesmovement.org
_____ (585) 690-4408

Modification of Agreement

8. Any amendment or modification of this Agreement or additional obligation assumed by either Party in connection with this Agreement will only be binding if evidenced in writing signed by each Party or an authorized representative of each Party.

Assignment

9. Abilities Movement will not voluntarily or by operation of law assign or transfer its obligations under this Agreement without the prior written consent of the Parent or Guardian of Client.

Agreement

I agree to the terms of this Service Agreement and attest that the above information is accurate to the best of my knowledge. I agree to contact Abilities Movement, Inc. in the even any of this information changes.

(Print Name)

(Signature)

(Date)

(Guardian Signature, If under 18)

Abilities Movement, Inc._____

(Service Provider Signature)