GAKKO PARTICIPANT AGREEMENT

Each "Participant" in a Gakko experience ("Experience", e.g., "camp", "house", or afterschool program) or his or her parent or guardian ("Guardian") must agree to this Gakko Participant Agreement.

LICENSE TO GAKKO

I, for myself and on behalf of Participant, hereby grant to Gakko a nonexclusive, worldwide, perpetual and irrevocable license to use, copy, distribute, create derivative works of, perform, and display any and all works of authorship that are authored, in whole or in part, by Participant in connection with the Experience or provided to Gakko by Participant in connection with the Experience.

PHOTO RELEASE

In connection with the Experience, Participant and/or Guardian may be audio recorded, photographed and/or filmed, either individually or as part of a group. I, for myself and on behalf of Participant, irrevocably (a) agree Gakko (and its affiliates) may use for any purpose (including promotion) and in any media: (1) all images, photographs, recordings, graphics, likenesses, and videos that include Participant or Guardian, and (2) Participant's name, voice, likeness, and any biographical material which Participant may provide to Gakko; and (b) waive and release any and all rights (including those of privacy and/or publicity) that would otherwise preclude Gakko's use of any media in which Participant or Guardian appears, for commercial and other purposes.

ELECTRONIC PRIVACY

I, for myself and on behalf of Participant, agree that Participant will comply with Gakko's acceptable use policy for its electronics systems and networks and that Participant has no expectation of privacy with respect to Gakko's telecommunications, networking or information processing systems (including, without limitation, stored computer files, email messages and voice messages) and that Participant's activity, and any files or messages, on or using any of those systems may be monitored at any time without notice.

ACKNOWLEDGEMENT OF RISK

I understand and acknowledge the risks of participating in the Experience, which may include without limitation the potential for serious bodily injury, loss of or damage to personal property, damages arising from environmental conditions or other situations beyond the immediate control of Gakko, or other undefined or not readily foreseeable risks and dangers ("Risks"). I understand that these Risks may be caused by Participant's own actions or inactions, the actions or actions of other participants or third parties.

ASSUMPTION OF RISK

I, FOR MYSELF AND ON BEHALF OF THE PARTICIPANT, HEREBY EXPRESSLY AGREE TO ASSUME ALL RISKS AND RESPONSIBILITY FOR ANY AND ALL INJURIES, DAMAGES, LIABILITIES, OR LOSSES ARISING FROM OR RELATED TO PARTICIPANT'S PARTICIPATION IN THE EXPERIENCE.

WAIVER OF LIABILITY, RELEASE & COVENANT NOT TO SUE

I, FOR MYSELF AND ON BEHALF OF THE PARTICIPANT, HEREBY EXPRESSLY RELEASE, WAIVE, HOLD HARMLESS, AND COVENANT NOT TO SUE GAKKO, and its respective parent, subsidiary, and affiliated companies, trustees, officers, employees, agents, volunteers, and staff from any and all liability, claims, actions, demands, expenses, attorneys fees,

breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that arises from or relates to Participant's participation in the Experience ("Claims"). I acknowledge and agree that this waiver and release includes claims for damages that may be caused by Gakko's negligent acts or omissions.

LIMITATION OF LIABILITY

IN NO EVENT WILL GAKKO'S LIABILITY TO PARTICIPANT OR GUARDIAN EXCEED THE AMOUNTS PAID TO GAKKO UNDER THIS AGREEMENT.

APPLICABLE LAW AND ENTIRE AGREEMENT

This Agreement shall be governed by and construed in accordance with the laws of the State of New York without giving effect to any principles that would provide for the application of the law of any other jurisdiction. This Agreement represents the entire understanding and agreement between the parties with respect to the subject matter hereof and supersedes all prior agreements between the parties with respect to the subject matter hereof.

AGREEMENT FOR DISPUTE RESOLUTION

In the event of any Claims, either party shall provide written notice of Claims to the other party, and the parties shall attempt to reach a mutually agreeable resolution by good faith negotiations. In the event that Claims cannot be amicably resolved within ninety (90) days of the written notice, all Claims shall be finally settled by arbitration in accordance with the applicable rules of the American Arbitration Association, in New York, NY.

GUARDIAN STATUS

I represent that:

- I am the parent or legal guardian of Participant and authorized to enter into this Agreement on behalf of Participant, or I am a Participant legally recognized as an adult.
- I have carefully read and this Agreement and understand its terms.
- This is a binding legal document in which I am giving up legal rights on behalf of myself and Participant, and releasing Gakko and the others from liability.
- I am assuming all risk and responsibility of Participant's participation in the Experience.
- I am voluntarily agreeing to and signing this Agreement.

Signature of Participant (if 18 or older), or of	Participant information:
Guardian (if Participant is under 18):	
Hugo Loccolini	Name: Irina Zoccolini
CA60B6BD388B459	Name: 17 The 2000 This
Name: Hugo Zoccolini	Date of Birth: 10/08/2002
Date: 9/3/2018	Email: _izoccolini6393@bths.edu
Email: hzoccolini@hotmail.com	



243 Canal St New York, NY 10013 USA

newyork@gakkoproject.com www.gakkoproject.com

As a recipient of financial aid to support your participation in Gakko NYC programs, we require that you share proof of your annual household income for our records and verification of your qualification for financial aid. Please attach a copy of your Guardian's last annual tax return here.



This document will be used to verify your need of financial aid only and will not be shared or used for any other purpose.

Gakko, Inc. 243 Canal St New York, NY 10013 United States

newyork@gakkoproject.com www.gakkoproject.com



Date: 9/3/2018

Invoice

Gakko NYC Programs

Description	Qty.	Price	Amount (USD)
Gakko NYC 50h Program	1	\$1,980.00	\$1,980.00
Tuition Assistance		\$1,782.00	(\$1,782.00)
		Total	\$198.00 USD

½ 1040		ent of the Treasury - Internal Rev		(99 turi		17	OMB No. 1545-	0074	20.11-	O-1- D1	31 I I			
For the year Jan. 1-		7, or other tax year beginning	THE TUX I LE		, 2017, endin	<u> </u>	, 20	0074	15 056	See separa			ace.	
Your first name and		T, or early tax year beginning	Last name		, 2017, eridir	9	, 20			Your social se				
HUGO A			ZOCCOL	TN.	Т						70-18			
If a joint return, spo	use's first nar	me and initial	Last name							Spouse's soci				
BLANCA			FERREY	RA						150	73-65			
Home address (num	nber and stre	et). If you have a P.O. box, see i	nstructions.					Apt. no).		sure the S		hove	
PO BOX	70754	1									n line 6c			
City, town or post of	fice, state, ar	nd ZIP code. If you have a foreig	n address, also comple	te spac	es below (see ins	tructions).				Presiden	tial Election	. Campaig	n	
BROOKLY	N		NY	ė.		11:	207		1	Check here if y	ou, or your	spouse if fil	ling	
Foreign country nar	ne		For	eign pr	ovince/state/coun	ty	Foreign	postal code	9	jointly, want \$3 a box below wil				
										refund.	You		pouse	
Filing ¹	Single				4		f household (with							
Status 2	X Marrie	ed filing jointly (even if only	y one had income)				ualifying person is name here.	a child but	not you	ur dependent, e	nter this			
Check only one	Married	filing separately. Enter spouse's	SSN above		▶									
box.		name here.			5		fying widow(er) (see ins	truct	ions)	1411			
Exemptions	6a	X Yourself. If someon								}		checked and 6b	2	
•	b	X Spouse · · · · ·		• • •				• • • •			_ No. of	children		
	С	Dependents:		1	(2) Depende		(3) Deper		a) Chk if child un ge 17 qualifying	•	who: ed with you	. 1	
	(1) First nar	ne Last r	ame		social security n	umber	Telationship	o to you	TO	r child tax credit see instructions	_ did	not live w	rith	
If more than four	IRINA	ZOC	COLINI		083-92-5	5561	DAUGHT	ER		X	or sep	ue to divor		
dependents, see	-								-	<u> </u>		nstructions ndents on (
instructions and	-								-			tered abov		
check here	d	Total number of evenue	iana alaimand								Add n	umbers es	2	
	7	Total number of exempt Wages, salaries, tips, e								1-1	above		3	
Income	, 8a	Taxable interest. Attacl	(A)							7		5,9	911	
	b	Tax-exempt interest. D		61			8b			- 8a				
Attach Form(s)	9a	Ordinary dividends. Atta					on			00				
W-2 here. Also attach Forms	b	Qualified dividends .					9b			· 9a				
W-2G and	10	Taxable refunds, credits					30			. 10				
1099-R if tax	11	Alimony received				axes				. 11				
was withheld.	12	Business income or (los			or C-F7					. 12		20,8	235	
	13	Capital gain or (loss). A	Company of the compan			uired c	check here		Г	13		20,0	333	
If you did not get a W-2,	14	Other gains or (losses).								. 14				
see instructions.	15a	IRA distributions	1	1 - 1			b Taxable amount			. 15b				
	16 a	Pensions and annuities	· · 16a				b Taxable amount							
	17	Rental real estate, royal	ties, partnerships,	S coi	porations, tru					. 17	4			
	18	Farm income or (loss).	Attach Schedule F							. 18				
	19	Unemployment comper	sation				,			. 19				
	20 a	Social security benefits	· · 20a			b	Taxable amo	unt .		. 20b				
A	21	Other income					THE PARTY OF THE P			21				
	22	Combine the amounts in t					our total incon	1е • •	1	22		26,8	312	
Adjusted	23					2	23							
Gross	24	Certain business expenses												
Income	0.5	fee-basis government offic					24			=				
	25 26	Health savings account					25	-		1				
	26 27	Moving expenses. Attac			-		26		470					
	27 28	Deductible part of self-e					27	⊥,	472	2				
	26 29	Self-employed SEP, SIN Self-employed health in:				_	28							
	30	Penalty on early withdra					29 30			- 1	a a			
	31a	Alimony paid b Recipi					30 31a		-					
	32	IRA deduction					32		-	2				
	33	Student loan interest de					33							
	34	Tuition and fees. Attach				-	34							
	35	Domestic production ac				-	35			1 (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				
	36	Add lines 23 through 35								. 36		1,4	172	
	37	Subtract line 36 from lin								37		25 3	310	

T	38	Amount from line 37 (adjusted gross income)		-70-1818 Page 25,340
Tax and	39a	Check f You were born before January 2, 1953, Blind. 1 Total boxes	36	23,340
Credits	Jaa	, — , — , — , — , — , — , — , — , — , —		
<u></u>				
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here > 39b	in .	10 700
Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,700
for -	41	Subtract line 40 from line 38	41	12,640
People who check any	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	12,150
oox on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	490
9a or 39b or vho can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	49
daimed as a dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
see	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
instructions.	47	Add lines 44, 45, and 46	▶ 47	4.9
• All others:	48	Foreign tax credit. Attach Form 1116 if required		
Single or Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49	4 1	
separately,	50	Education credits from Form 8863, line 19 · · · · · · · · 50		
\$6,350	51	Retirement savings contributions credit. Attach Form 8880 51		
Married filing jointly or	52			
Qualifying		Child tax credit. Attach Schedule 8812, if required	9	
widow(er), \$12,700	53	Residential energy credits. Attach Form 5695		
Head of	54	Other credits from Form: a 3800 b 8801 c 54		
household,	55	Add lines 48 through 54. These are your total credits		4 !
\$9,350	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	▶ 56	
	57	Self-employment tax. Attach Schedule SE · · · · · · · · · · · · · · · · · ·	57	2,94
ther	58	Unreported social security and Medicare tax from Form: a 4137 b 8919 · ·	58	
axes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .	59	
	60 a	Household employment taxes from Schedule H	· · 60a	9
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	· · 60b	· · · · · · · · · · · · · · · · · · ·
	61	Health care: individual responsibility (see instructions) Full-year coverage	61	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax		2,94
Paymonto	64			2, 34
ayments		AND A DECEMBER OF THE PROPERTY		
f you have a	65	2017 estimated tax payments and amount applied from 2016 return · · · 65 1, 40	<u> </u>	110
qualifying	66a	Earned income credit (EIC) 66a		NO
child, attach Schedule EIC.	b	Nontaxable combat pay election · · · 66b		
	67	Additional child tax credit. Attach Schedule 8812 67 95	1	
	68	American opportunity credit from Form 8863, line 8 · · · · · · 68	F 1	
	69	Net premium tax credit. Attach Form 8962 · · · · · · · · 69	14 3	
	70	Amount paid with request for extension to file 70		
	71	Excess social security and tier 1 RRTA tax withheld 71	5.5	
	72	Credit for federal tax on fuels. Attach Form 4136	2.1	
	73	Credits from Form: a 2439 b Reserved c 8885 d 73	5 5	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	▶ 74	3,06
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		
	76a	· ,	75	118
irect denocita	▶ b	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	11
irect deposit?		Routing number X X X X X X X X X X X C Type: Checking Savings	S	
nstructions.	► d	Account number X X X X X X X X X		
\ ma a :4	77	Amount of line 75 you want applied to your 2018 estimated tax · · · ▶ 77		
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	▶ 78	
ou Owe	79	Estimated tax penalty (see instructions) 79	8	
hird Party	Do yo	ou want to allow another person to discuss this return with the IRS (see instructions)?	Yes. Com	plete below.
Designee	Design name		entification	► 3 1 7 9 T
Sian	Under p	enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belie	f they are true or	orrect and
Sign	accurate	ely list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of whignature Your occupation Your handless Your occupation	ich preparer has	any knowledge.
lere	018	- The state of the		Daytime phone number 347-442-19
oint return? See instructions.		o's signature. If a joint return heath must sign		
keep a copy for		Spouse's occupation		Identity Protection PIN (see
our records.		04-07-2018 HOUSEWIFE		
		W MAN TO A LOS - NO N	neck if	i .
Paid			elf-employed	P00240826
Preparer	Print/T	ype preparer's name MARIA L BADANI	1 1 1	
Jse Only	Firm's	name ► M BADANI AND ASSOCIATES CORP	irm's EIN	81-16868
.co only	Firm's	address ▶ 79-07 ROOSEVELT AVE 2ND FL		-
			hone no 7	18-872-9321
			110. /	