

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.

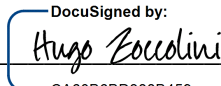
AGREEMENT FOR DISPUTE RESOLUTION

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.

<p>Signature of Participant (if 18 or older), or of Guardian (if Participant is under 18):</p> <p><small>DocuSigned by:</small>  <small>CA60B6BD388B459...</small></p> <p>Name: <u>Hugo Zoccolini</u></p> <p>Date: <u>9/3/2018</u></p> <p>Email: <u>hzoccolini@hotmail.com</u></p>	<p>Participant information:</p> <p>Name: <u>Irina Zoccolini</u></p> <p>Date of Birth: <u>10/08/2002</u></p> <p>Email: <u>izoccolini6393@bths.edu</u></p>
---	--

Gakko2018

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



Invoice

Gakko NYC Programs

Date: 9/3/2018

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

Form	1040 Department of the Treasury - Internal Revenue Service (99) U.S. Individual Income Tax Return	2017	OMB No. 1545-0074	IRS Use Only-Do not write or staple in this space.																									
For the year Jan. 1-Dec. 31, 2017, or other tax year beginning , 2017, ending , 20																													
Your first name and initial HUGO A		Last name ZOCCOLINI		Your social security number 947-70-1818																									
If a joint return, spouse's first name and initial BLANCA		Last name FERREYRA		Spouse's social security number 946-73-6556																									
Home address (number and street). If you have a P.O. box, see instructions. PO BOX 70754			Apt. no.	Make sure the SSN(s) above and on line 6c are correct.																									
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). BROOKLYN NY 11207																													
Foreign country name		Foreign province/state/county	Foreign postal code																										
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																													
Filing Status	1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above																												
	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.																												
	5 <input type="checkbox"/> Qualifying widow(er) (see instructions)																												
Check only one box.																													
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a																												
	b <input checked="" type="checkbox"/> Spouse																												
	c Dependents:																												
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) Chk if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr> <td>IRINA</td> <td>ZOCCOLINI</td> <td>083-92-5561</td> <td>DAUGHTER</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)	IRINA	ZOCCOLINI	083-92-5561	DAUGHTER	<input checked="" type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
	(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)																								
IRINA	ZOCCOLINI	083-92-5561	DAUGHTER	<input checked="" type="checkbox"/>																									
				<input type="checkbox"/>																									
				<input type="checkbox"/>																									
				<input type="checkbox"/>																									
d Total number of exemptions claimed																													
				Boxes checked on 6a and 6b No. of children on 6c who: • lived with you 1 • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above 3																									
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2			7	5,977																								
	8a Taxable interest. Attach Schedule B if required			8a																									
	b Tax-exempt interest. Do not include on line 8a			8b																									
	9a Ordinary dividends. Attach Schedule B if required			9a																									
	b Qualified dividends			9b																									
	10 Taxable refunds, credits, or offsets of state and local income taxes			10																									
	11 Alimony received			11																									
	12 Business income or (loss). Attach Schedule C or C-EZ			12	20,835																								
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>			13																									
	14 Other gains or (losses). Attach Form 4797			14																									
	15a IRA distributions	15a	b Taxable amount	15b																									
	16a Pensions and annuities	16a	b Taxable amount	16b																									
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17																									
	18 Farm income or (loss). Attach Schedule F			18																									
	19 Unemployment compensation			19																									
20a Social security benefits	20a	b Taxable amount	20b																										
21 Other income			21																										
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income			22	26,812																									
Adjusted Gross Income	23 Educator expenses			23																									
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ			24																									
	25 Health savings account deduction. Attach Form 8889			25																									
	26 Moving expenses. Attach Form 3903			26																									
	27 Deductible part of self-employment tax. Attach Schedule SE			27	1,472																								
	28 Self-employed SEP, SIMPLE, and qualified plans			28																									
	29 Self-employed health insurance deduction			29																									
	30 Penalty on early withdrawal of savings			30																									
	31a Alimony paid b Recipient's SSN			31a																									
	32 IRA deduction			32																									
	33 Student loan interest deduction			33																									
	34 Tuition and fees. Attach Form 8917			34																									
	35 Domestic production activities deduction. Attach Form 8903			35																									
	36 Add lines 23 through 35			36	1,472																								
	37 Subtract line 36 from line 22. This is your adjusted gross income			37	25,340																								

