

**Intrepid Healthcare Training LLC
Enrollment Agreement
In-Person Nurse Assistant Course**

STUDENT INFORMATION

Student Name: _____

Address: _____

City/State/Zip: _____

Phone Number Cell _____ Home _____

Date of Birth: _____

E-mail: _____

Emergency Contact: _____

Relationship/Number: _____

PROGRAM START DATE: _____ **ANTICIPATED END DATE:** _____

Program Information

Nurse Assistant

100 Clock Hours

Course 6 weeks \$1595.00

Non Refundable Registration Fee: \$75



Intrepid Healthcare Training

◆ 2460 India Hook Road Suite 201 Offices A-C, Rock Hill, SC 29732 ◆ 803.366.1122 ◆

INTREPID HEALTHCARE TRAINING ENROLLMENT AGREEMENT

TUITION

REGISTRATION FEE: \$ 75__

TUITION: \$ 1595 6 Weeks

BOOKS/SUPPLIES: \$ 70__

MISC. EXPENSES: \$ 95__ (*itemize below*)

- Itemize item and cost: Scrubs \$40 (Approximately)
- Itemize item and cost: SLED Background Check \$25
- Itemize item and cost: TB Test \$30 (Approximately)

Note: Third-party loans must be repaid according to the terms of the note even if the borrower does not complete his or her education, cannot get a job after completion of the program, or is dissatisfied with the education.

- **Payment method can be, credit, bank draft, bank or postal money orders.**
- **Prices for books and supplies are subject to change.**
- **Tuition and associated fees must be paid in full by last day of the first weeks session.**

CANCELLATION AND REFUND POLICY

Rejection: An enrollment agreement rejected by the institution is entitled to a refund of all monies paid.

Three- Day Cancellation: An enrollee may cancel this agreement without penalty by notifying the institution within three (3) business days after signing this agreement, excluding weekends and holidays. After the third day, but before classes begin, the institution may retain up to \$75 registration fee.

Other Cancellations: The minimum number of students in program/class is five. If the course needs to be rescheduled due to low enrollment, students will be notified by phone and email. Students will have the choice



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of a refund in accordance with the institution's refund policy or to attend the next scheduled class. If the class start date is changed for a second time, the student will be eligible for a full refund of all monies paid.

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Withdrawal: Student(s) who wish to withdraw from this institution after classes begin will be subject to the below refund policy. The institution may retain up to \$75 registration fee after the three-day cancellation or after classes begin. Refunds are computed in ten-percent increments, rounded downward to the nearest ten percent of that period. After sixty percent of attendance, the institution may charge for the entire course. Refunds are issued within 40 days after the effective date of cancellation or last date attended. Student(s) who wish to withdraw must notify the school in writing expressing their desire to withdraw from the program with the effective date.

Refund Chart (for a 100-hour program):

Hours Attended	Tuition Refund
1-12	90%
13 – 24	80%
25-36	70%
37-48	60%
49-60	50%
61-72	40%
73-100	0%

Please read each statement carefully. Mark each to your understanding and sign at the bottom.

- I have received a copy of the catalog and enrollment agreement.
- I understand the tuition charges, payment options, and refund policy.
- I understand tuition must be paid in full before graduation.
- I understand completion of the program does not guarantee employment.
- I acknowledge this agreement becomes a legally binding contract once completed and signed by both parties.
- I understand Intrepid Healthcare Training makes no claim or guarantee that credit earned will transfer to another institution.
- I understand a certificate of completion is awarded at graduation.



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I understand that Third-party loans must be repaid according to the terms of the note even if the borrower does not complete his or her education, cannot get a job after completion of the program, or is dissatisfied with the education.

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Student Name Print: _____ Date: _____
Student Name Signature: _____ Date: _____
School Administrator/Official Name Signature: _____ Date: _____

Hold Harmless Statement

Intrepid Healthcare Training and student acknowledge that there is some risk of accident or injury associated with use of equipment and other aspects of the course of study, including but not limited to direct care and contact of other students or clients at the clinical or training site. Student does hereby waive, release, and discharge Intrepid Healthcare Training of any and all liability and all claims for damages for death, personal injury, or property damage which I may have or which hereafter accrue to me as a result of participation in the program whether or not caused by negligence or fault of Intrepid Healthcare Training.

This release is intended to discharge the school, and its officers, employees, representative, volunteers, and agents from and against any and all liability arising out of or connected in any way with my participation in the training, internship/externship, hands-on activities, practice, or other activities.

Knowing risks exist, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above that might otherwise be liable to me or my heirs or assigns for damages. I

further understand and agree that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

In addition, I give permission to receive, if necessary, emergency medical services by authorized personnel, and that may cost incurred as a result of such medical treatment will be my responsibility.

Student Name Print: _____ Date: _____
Student Name Signature: _____ Date: _____
School Administrator/Official Name Signature: _____ Date: _____



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