

Disclosure of Transferability of Credits

The disclosure on the transferability of credits shall be as follows:

Credits earned at Peak Technical Institute may not transfer to another educational institution. Credits earned at another educational institution may not be accepted by Peak Technical Institute. You should obtain confirmation that Peak Technical Institute will accept any credits you have earned at another educational institution before you execute an enrollment contract or agreement. You should also contact any educational institutions that you may want to transfer credits earned at Peak Technical Institute to determine if such institutions will accept credits earned at Peak Technical Institute prior to executing an enrollment contract or agreement. The ability to transfer credits from Peak Technical Institute to another educational institution may be very limited. Your credits may not transfer and you may have to repeat courses previously taken at Peak Technical Institute if you enroll in another educational institution. You should never assume that credits will transfer to or from any educational institution. It is highly recommended and you are advised to make certain that you know the transfer of credit policy of Peak Technical Institute and of any other educational institutions you may in the future want to transfer the credits earned at Peak Technical Institute before you execute an enrollment contract or agreement.

Student's initials: _____

Date: _____

By signing below, the student agrees to pay PTI the total stated tuition and fees and fully understands and agrees to all terms and conditions contained within the Enrollment Agreement. PTI agrees to provide the occupational training in accordance with the provisions of the school's current Catalog.

Payment of all monies due shall be a condition of continuing enrollment. Upon satisfactory completion of all academic and skill requirements and when all financial obligations to the school have been met, the school will award the earned certificate(s) to the student. The student and school understand that this Enrollment Agreement, which includes the refund, cancellation and transfer policies of the school, may not be amended except in writing and signed by both parties.

By affixing his or her signature below the students affirms that he or she has received both a digital and/or printed copy of this signed Enrollment Agreement and a copy of the Catalog.

Student Signature

Date

Student Printed Name

PTI Agent

Date

shareholders, agents, representatives, independent contractors, heirs, successors, and assigns, harmless of and from any and all manner of actions, causes of actions, suits, debts, sums of money, accounts, reckonings, promises, covenants, contracts, agreements, damages, claims, obligations, liabilities, and demands whatsoever, known and unknown, existing now or arising in the future, in law, equity, or otherwise, which may be asserted against PTI by Student, its personal representatives, family members, guardians, conservators, heirs, executors, or assigns against PTI arising out of or in any way connected with Student's relationship with PTI including, without limitation, the Training.

4. PTI acknowledges and asserts that a specific condition precedent to undertaking any training activities with Student is Student's execution of this Indemnification and Hold Harmless Agreement. While the execution of this Indemnification and Hold Harmless Agreement is only partial consideration for providing the Training, it is nevertheless a mandatory consideration without which the Training would not be provided to Student.
5. As further consideration for the provision of the Training, which Training would not be provided absent this provision, Student for itself and for its personal representatives, family members, guardians, conservators, heirs, executors, and assigns, covenants with PTI and its educational and/or training partners, and their respective officers, employees, directors, shareholders, agents, representatives, independent contractors, successors, and assigns, that Student shall refrain suing or prosecuting PTI or its educational and/or training partners and their respective officers, employees, directors, shareholders, agents, representatives, independent contractors, heirs, successors, or assigns for any claim or demand for personal injuries, death, or injuries to property caused by, arising out of, or in any way related to the Training. It is understood and agreed that the provision of the Training is accepted as full and adequate consideration of the grant of the covenant recited herein. By undertaking the Training, Student acknowledges the effect of this covenant.
6. The provisions of this Agreement are severable. To the extent any provision hereof is void, invalid, unenforceable, or violates public policy, the remaining provisions shall nevertheless remain in full force and effect.
7. The sole and exclusive venue for the resolution of any dispute arising pursuant to this Agreement shall be a court of competent jurisdiction located in Blount County, Tennessee.

Payment Authorization Form

Checking Account Authorization

I (We) hereby authorize **Peak Technical Institute (PTI)** to initiate authorized entries to my (our) checking/savings accounts at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until PTI is notified by me (us) in writing to cancel it in such time as to afford PTI and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Please note that you must provide a copy of a voided check to comply with federal banking rules.

A \$30 fee will be charged for any declined checking account charges. If a checking account charge is declined, the total amount and any additional fees are to be paid within two weeks by another form of payment. After the second check is returned, we will no longer accept a check/ACH for a form of payment and your account will be flagged.

Primary Form of Payment **OR** Backup Form of Payment (for payment plan payments)

Name of Financial Institution Branch

Address of Financial Institution City State Zip

ABA Transit Routing No. _____ Account No. _____
(First 9 numbers on bottom left of check)

Name on Account PLEASE PRINT Second Name (if Joint Account) PLEASE PRINT

Signature Signature

Please check charges to be applied now to this form of payment (if any):

\$1,000 Deposit (Due upfront to hold seat in class) \$25 Background Check Fee (non-refundable)

Other \$ _____ Please note reason: _____

Remaining Tuition Balance (Due by Friday of 3rd week of class)

The remaining tuition balance exceeding the \$1,000 deposit will not be charged until class has begun unless the student requests in writing otherwise.

Please only fill out the below portion if you've been approved to participate in the payment program:

\$10 Credit Check fee (non-refundable) \$10 Co-Signers Credit Check fee (non-refundable) (only needed if requested)

\$800 Administrative Fee (Due Monday of 3rd week of class)

Payment Plan Monthly Payments (Will not be charged until payments are scheduled to start)

Only the credit check fees will be charged prior to the start of class unless the student requests in writing otherwise.

If participating in payment program two forms of payments must be provided

Peak Flow Results:

OSHA Physical Waiver of Liability

(Only required for students who are NOT getting a OSHA Physical)

You are required to pass an OSHA Physical prior to working as a UXO Tech I. We do not require you to get the physical done before attending the course, however it is **highly** recommended.

We recommend that the student pass the physical prior to attending the school to confirm they are eligible to perform the needed duties of a UXO Tech I, as well as provide them with the needed paperwork to be employed immediately after graduation.

However, due to the fact that some (not all) employers will pay for the physical once you are hired, getting the physical prior to the course is optional.

All costs associated with the physical are the student's responsibility.

By signing below I confirm that I have been advised and encouraged to complete the OSHA physical prior to attending the course, and have been informed and understand the risks and disadvantages of not getting the physical done beforehand.

I also concede that if I get the physical after attending the class and do not pass, I will still be responsible for any additional monies owed (if any) to PTI. Additionally, I exclude PTI from any liability for my inability to work if I do not pass the OSHA physical.

Student Signature

Date

Student Printed Name

PTI Agent

Date

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