



Extension ( ) Renewal ( ) New ( )

Student Last Name : \_\_\_\_\_ First Name: \_\_\_\_\_

Cosigner Last Name : \_\_\_\_\_ First Name: \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Home: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Contract Dated: \_\_\_\_\_

**Authorization Agreement**

I hereby authorize House of Courage to initiate automatic debits to my account at the financial institution named below I also authorize House of Courage to make deposits to this account in the event that a debit entry is made in error. Further, if I do not have enough money in my account to cover the transfer or if my financial institution for any other reason refuses to honor a transfer I will be electronically debited an additional fee of \_\_\_\_\_ as a returned item fee in accordance with the terms of my agreement. This Agreement will remain in effect until House of Courage receives a written notice of cancellation from me allowing \_\_\_\_\_ to process my request, or until my account has a zero balance with House of Courage.

**Payment Information**

Debit my account on the: \_\_\_\_/\_\_\_\_/\_\_\_\_ Payment Schedule: Monthly Bi Monthly Weekly

Debit my account in the amount of: \_\_\_\_\_ Total payments to be automatically debited: \_\_\_\_\_

**Account Information**

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Checking Saving

Account Number: \_\_\_\_\_

**Signature**

Authorization Given by: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TERMS**

If you wish to cancel this contract, you may cancel by mailing a written notice by certified or registered mail to the school. The notice must say that you do not wish to be bound by this contract and must be delivered or mailed before midnight of the third business day after you sign this contract. The notice must be delivered or mailed to: \_\_\_\_\_

You may cancel this contract if you relocate your residence further than 20 miles from any school operated by House of Courage or any substantial similar school which would accept the obligation of the school by paying a cancellation fee for an amount equal to 30% of the remaining contract. This contract may also be cancelled in a case of death, or if the school ceases operation at the location where you entered into this contract. If you become disabled, you shall have the option of (1) being relieved of liability for payment on that portion of the contract term for which you are disabled by paying a cancellation fee for an amount equal to 30% of the remaining contract, or (2) extending the duration of the original contract at no cost to you for a period equal to the duration of the disability. You must prove such disability by a doctor's certificate, which shall be enclosed with the written notice of disability sent to the school. The school may require that another physician examine you.

\* House of Courage reserves the right to alter the days, hours of operation and classes if deemed necessary.

\* The student and co-signer agree unconditionally to pay the above tuition without regard to the attendance made or classes missed.

**Release and Waiver of Liability**

We, the student & guarantor, if applicable, on behalf of ourselves, members of our family, our heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless, House of Courage, representatives and agents for any injury, loss, or damage to my person or property howsoever caused, arising out of or in connection with my taking part in martial arts classes and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of House of Courage Representatives or agents. Please Note: participants must supply their own protective equipment.

**Signature**

Authorization Given by: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach Void Check