



Advanced Course Agreement

This is an agreement between _____ (print name) and Chico Therapy Wellness Center (C.T.W.C.).

I understand that at the time I purchase my hours that my name will be added to the attendance sheet for the specific class(es) I have purchased, and that **I will be committed** to attend the class(es).
_____(IN)

I understand that I will not receive a refund for the hours I have purchased whatsoever. _____(IN)

I understand the purchase must be used for **massage therapy training hours only** and **cannot** be used for any supplies or services such as but not limited to: transcript fee, material fees, massage appointments, tutoring, etc.
_____(IN)

It is **my fully responsibility** to find out when classes are scheduled and call C.T.W.C. to confirm the time and date. When C.T.W.C. contacts me or leaves a message about class it is **my responsibility to communicate back to C.T.W.C.** if I do not **I understand that those class hours will be deducted from my total hours purchased.**
_____(IN)

I must notify the office by **2pm the day before class** if I am not able to make the class **to receive a credit**. I understand that in the event that **I do not show up** to a class or **complete a class** that those hours will be **automatically deducted** from my total hours purchased.
_____(IN)

I understand that I have **12 months** from the date of this agreement to use the hours I have paid for or I will have to **forfeit** those remaining hours. _____(IN)

In the event that C.T.W.C. has to cancel/ reschedule OR I cannot take the class(es) **[Student cancelation within 24 hours of the class(es) date will not be given credit, those hours will be deducted]** I have signed up for, I understand I have **ONE** chance to transfer to a different date (*within the 12 months*) or to a completely different class.
_____(IN)

Class(s) Purchased: _____

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Price per class hour * _____

Total Hours Purchased * _____

Use by

*

Student (sign name) _____ Date

*

C.T.W.C. Staff _____ Date

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