



<b>Office Use Only:</b>		Sub-Total Cost:	
Finance Charge - \$15 per course			
Surcharge for CC usage – 3% total			
		Total Cost:	Total Due today:

**Office Use Only:** Waiver Received \_\_\_\_\_ Medical Form \_\_\_\_\_ Insurance Card \_\_\_\_\_ TE \_\_\_\_\_ Employee \_\_\_\_\_

**Payment Information:**

Cash    Check

Credit Card Type: Visa, MC, Discover, Am Ex (3% surcharge; non-refundable)

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVS # \_\_\_\_\_

Address for CC \_\_\_\_\_ Zip Code for CC \_\_\_\_\_

**Payment Agreement**—Read carefully as this is a legal contract:

I understand and agree that my signature on this registration form constitutes a contractual agreement between HEP of Texas and myself. **I understand and agree to pay in full for any and all classes that my child is enrolled in even if my child withdraws from the class during the semester.** HEP of Texas reserves the right to pursue the collection of any outstanding fees due and that if a legal judgment is sought, the undersigned will be responsible for all court costs, attorney fees, and course fees. I also understand that if my child contracts Covid-19 at an HEP TX, Inc. function, HEP TX, Inc. will not be held liable, nor will its employees. I HAVE CAREFULLY READ THIS CONTRACT AND UNDERSTOOD ITS CONTENTS, AND I VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT. MY SIGNATURE BELOW ALSO CONFIRMS THAT I HAVE READ AND UNDERSTAND HEP TX'S STATEMENT OF FAITH AND AGREE TO ABIDE BY IT (posted on the HEPTX.com web page).

**Signature:**

\_\_\_\_\_

Parent/Guardian    Relationship    Date

Form update: 6/13/2020