



## Welding and Fabricating Training Program

This is the enrollment agreement for the ALLWEST Welding and Fabricating Training program.

Please complete this agreement and return it to the administrative offices at:

12928 E. Indiana Avenue, Suite #1  
Spokane Valley, WA 99216

Completion of this agreement does not guarantee placement in the program. Students may not start a welding course until full payment has been received. *A completed and countersigned Enrollment Agreement will be returned for your records.*

**Please fill out the areas indicated and return form by mail, fax or email to:**

**Mail:** ALLWEST  
12928 E. Indiana Avenue, #1  
Spokane Valley, WA 99216  
ATTN: Erin Rigby

**Phone:** 509-534-4411

**Fax:** 509-534-9326

**Email:** [erigby@allwesttesting.com](mailto:erigby@allwesttesting.com)

ALLWEST Testing and Engineering, LLC  
Welding and Fabricating Training Program

School Facility: 4470 W. Seltice Way, Post Falls, Idaho 83854  
Administrative Office: 12928 E. Indiana Avenue #1, Spokane Valley, WA 99216

ENROLLMENT AGREEMENT

**APPLICANT INFORMATION**

**STATUS:**  Applicant  Re-Entry

\_\_\_\_\_  
Last Name                      First Name                      M.I.                      Social Security Number

**ADDRESS:**

\_\_\_\_\_  
Street / Apt. #                      Street Name                      City                      State                      Zip

\_\_\_\_\_  
Telephone: (      )                      (      )                      (      )  
Home Number                      Cell Number                      Emergency Number

**TUITION AND FEES:**

Course: \_\_\_\_\_ Clock Hours: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_

Tuition: \$ \_\_\_\_\_

Tools: \$ \_\_\_\_\_

Additional Certifications: \$ \_\_\_\_\_

**TOTAL COST:** \$ \_\_\_\_\_

**Method of Payment:**

- Check                       Credit Card  
 Cash                       Payment Plan  
 State/Federal Funding                      (Tuition Payment Agreement must be Completed)

Source: \_\_\_\_\_

**ATTENDANCE / SCHEDULE INFORMATION:**

Classes are taught Monday through Thursday, 7:00 AM to 3:30 PM, Friday, 7:00 AM to 12:00 PM.

Hours Scheduled: Per Week: \_\_\_\_\_ Total Weeks: \_\_\_\_\_  
Schedule: Mon-Thurs, 7:00 AM – 3:30 PM, Fri 7:00 AM – 12:00 PM

Expected Dates: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Lunch will be from 12:00 to 12:30 every day, with two 15 minute breaks per day. Courses are expressed in clock hours. One clock hour consists of approximately 55 minutes of instruction within a 60-minute period.

**CONTRACTUAL OBLIGATIONS**

This Refund Policy is for any course taken by an individual. When refunds are made, they are distributed first to the funding source providing the tuition payment.

**Full Refund Before Beginning the Course:**

1. If the applicant cancels his or her enrollment within 72 hours after midnight of the day on which the enrollment agreement is signed, but prior to the 1<sup>st</sup> day of classes, or
2. The applicant is not accepted for admission, or
3. The program is cancelled by ALLWEST due to insufficient enrollment.

**Partial Refund:**

1. If the applicant cancels his or her enrollment in the program within 7 days of signing the enrollment agreement, but prior to the first day of the enrolled course, all monies will be refunded, minus a \$30.00 administration fee.
2. For a student requesting a refund when termination occurs after he or she has started the course, the charge will be based on time spent in the course and shall be computed on the following prorated basis:
  - a. Between day 1 and day 3, the school will retain 10% of the tuition.
  - b. Between day 4 and day 6, the school will retain 25% of the tuition.
  - c. Between day 7 and day 13, the school will retain 50% of the tuition.
  - d. After day 13, the school will retain the full tuition cost; no refunds will be made to the student.

**No Refund:**

1. If termination of withdrawal occurs after completing 50% of the contracted instructional time (after day 13), or more, the program will retain the full contracted cost.

Refunds: All refunds will be made within 90 days of the date the student is determined to be withdrawn, cancelled or terminated from the ALLWEST Testing and Engineering Welding and Fabricating Training Program.

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Notice to Buyer:

Do not sign this agreement before you have read all pages in their entirety or if it contains any blank spaces. I understand that this agreement constitutes a legal binding contract between me and the training program only when it has been fully completed, signed and dated by myself and a program representative prior to the time instruction begins. I certify that:

- \_\_\_\_\_ I have been provided a copy of the schools catalog or brochure.
- \_\_\_\_\_ I have received a copy of the school's complaint procedures policy.
- \_\_\_\_\_ I understand the refund policy stated above.
- \_\_\_\_\_ I understand that I am entitled to an exact copy of this Enrollment Agreement, school catalog, or any other paper that I may sign.
- \_\_\_\_\_ I hereby agree to abide by the conditions set forth herein.
- \_\_\_\_\_ I understand that if my tuition is being paid via a payment plan, that the Payment Plan Agreement is part of this agreement.

If you have not started training, you may cancel this contract by providing written notice of such cancellation to the programs administrative office at its address shown on the contract. The notice may be postmarked no later than midnight of the seventh day following your signing this contract or the written notice may be hand delivered to the administrative office within that time. In the event of a dispute over timely notice, the burden to prove service rests solely on the applicant.

I further understand that upon completion of the program, I am not guaranteed placement assistance or employment. Upon successful completion of the program, I will receive a Certificate of Completion and any applicable Welder Qualification Certificates.

Unfair Business Practices:

Any changes in this agreement shall not be binding on either myself or the school unless such changes have been acknowledged in writing to the school administration and by myself. It is considered an unfair business practice for the school to sell, discount or otherwise transfer this agreement without the signed, written consent of the student or his/her financial sponsors and a written statement notifying all parties that the Cancellation and Refund Policies continue to apply.

ALLWEST Testing and Engineering School of Welding and Fabrication is licensed under I.C. 33-2406, inquiries or complaints regarding this or any other private vocational school may be made to the: Idaho State Board of Education, ATTN: State Coordinator for Private Colleges and Proprietary Schools, 650 West State Street, P.O. Box 83720, Boise, Idaho 83720-0037. Additionally, Washington residents with inquiries or complaints regarding this or any other vocational school may contact the Workforce Training & Education Coordinating Board at: Workforce Training and Education Coordinating Board, 128 Tenth Avenue Southwest, P.O. Box 43105, Olympia, WA 98504-3105 – (360) 753-5662.

_____	_____
Student Name (please print)	Date
_____	_____
Student Signature	Date
_____	_____
Authorized Signature of Payer	Date

As the authorized representative of the school, I hereby agree to the conditions set forth herein:

_____	_____
Authorized School Representative (please print)	Date
_____	_____
Authorized School Representative Signature	Date

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**NOTICE**

Idaho law requires the following information to be supplied to each student enrolling in a private vocational school licensed under Administrative Rule 08.01.11. The school must attach one copy of this notice bearing original signatures as an addendum to that individual's Enrollment Agreement and/or training contract and a facsimile thereof or a second signed copy must be provided to the enrollee by the school together with his/her copy of that contract/agreement.

**ACKNOWLEDGEMENT BY THE SCHOOL**

Prior to being enrolled in this school, the applicant whose name and signature appears below, has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his/her chosen occupation.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

**ACKNOWLEDGEMENT BY ENROLLEE**

1. I understand and accept that any contract for training I enter into with the above named school contains legally binding obligations and responsibilities.
2. I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.
3. I understand that any enrollment contract I enter into shall not be binding or take effect for at least seven (7) days, following the last date such a contract is signed by the school and myself, provided that I have not entered classes sooner.
4. I understand that ALLWEST Testing & Engineering Welding and Fabricating Training Program is registered with the State Board of Education in accordance with IDAPA 08.01.11-sec 301 & 302. I also understand that the State Board of Education has not accredited or endorsed any course of study being offered by ALLWEST Testing & Engineering Welding and Fabricating Training Program.

Signed: X \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

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**Student Enrollment Data Sheet**

\_\_\_\_\_  
Last Name, First Name, M.I.

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Social Security #

**ADDRESS:**

\_\_\_\_\_  
Street / Apt. #

\_\_\_\_\_  
Street Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_

Home Number

(\_\_\_\_) \_\_\_\_\_

Cell Number

(\_\_\_\_) \_\_\_\_\_

Emergency Number

Education: (Check All That Apply): GED High School College Trade: \_\_\_\_\_

Current Employment:

Name and Address of Current Employer: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Course Information:

Student Id Number: \_\_\_\_\_

Course Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Class Times: Monday – Thursday, 7:00 AM to 3:30 PM, Friday, 7:00 AM – 12:00 PM

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**STATE LICENSING SURVEY DATA**

Gender:     Male         Female

Race / Ethnicity:         White / Caucasian  
                                   Black / African American  
                                   Hispanic  
                                   American Indian or Alaska Native  
                                   Asian / Pacific Islander

**White/Caucasian:** A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black/African American:** A person with origins in any of the Black racial groups of Africa.

**Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race (Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, other Spanish/Hispanic/Latino (a): Colombian, Dominican, Nicaraguan, Spaniard). For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

**American Indian or Alaskan Native (Aleut/Eskimo):** A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

**Asian or Pacific Islander:** A person with origins in any of the original people of the Far East, Southeast Asia, the Indian Sub-Continent, or the Pacific Islands. For example: China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

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**PLEASE READ CAREFULLY BEFORE SIGNING**

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS

**WAIVER:** In consideration of being permitted access to the ALLWEST Welding Facility, I, for myself, my heirs, personal representatives or assigns **do hereby release, waive, discharge, and covenant not to sue**, ALLWEST Testing & Engineering, LLC, their officers, employees and agents from liability **from any and all claims** due to negligence or accident resulting in personal injury or illness (including death), and property loss arising from my use of the facility.

**ASSUMPTION OF RISK:** Use of the welding facilities carries with it certain risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, burns and concussions, to 3) catastrophic injuries including paralysis and death.

**I HAVE READ THE PREVIOUS PARAGRAPH AND I KNOW, UNDERSTAND, AND APPRECIATE THESE AND OTHER RISKS THAT ARE INHERENT. I HEREBY ASSERT THAT MY USE OF THE WELDING FACILITIES IS AT MY REQUEST AND I KNOWINGLY ASSUME ALL RISKS.**

**INDEMNIFICATION AND HOLD HARMLESS:** I also agree to INDEMNIFY AND HOLD HARMLESS ALLWEST Testing & Engineering, LLC, and their officers, employees and agents from any and all claims, action, suits, procedures, costs, expenses, damage, and liabilities, including attorney's fees brought as a result of my use of the Welding Facilities.

**SEVERABILITY:** The undersigned further expressly agrees that the foregoing waiver and assumed risk agreement is intended to be as broad and inclusive as is permitted by the Laws of the State of Idaho, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**ACKNOWLEDGEMENT OF UNDERSTANDING:** I have read this waiver of liability, assumption of risk, and indemnity, fully understand its terms, and **understand that I am giving up my rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to a complete and unconditional release of liability**, to the greatest extent allowed by law.

PRINTED NAME	SIGNATURE
DATE	DATE OF BIRTH