

CONTINUING BAIL EDUCATION & TASER USER CERTIFICATION REGISTRATION

INSTRUCTIONS

Print This Form, Fill it out and Fax to 1-877-726-9092

Bailspeak
Pre-Licensing &
Continuing Education
Bail Education

1852 West 11th Street #412
Tracy, CA 95376-3736
1-877-726-9092
director@bailspeak.com

- Information is for internal use only and will not sold to third parties
Asterisks Indicates California Department of Insurance Required Information; you may omit your social security number for courses that are NOT California Department of Insurance approved
One form for each attendee is required
Call or check www.bailspeak.com for schedule of available courses before submission

REGISTRATION & TERMS OF AGREEMENT

*Full Legal Name: _____

*Social Security Number: _____

CA Bail Insurance Agent License Number: _____

Street Address: _____

City, State & Zip Code: _____

Best Contact Phone Number: _____

Fax Number: _____

Email (Please Print Clearly): _____

I, _____, understand that by signing below the
Student's Printed Name

following description and selection of course or courses that I am over the age of 18 and
agree to the conditions contained hereafter:

COURSE TO BE ATTENDED

Table with 3 columns: Course Title, Tuition, Selection. Row 1: Bail Agent & Bounty Hunter Taser Course, \$180.00, _____

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| | | |
|---|----------|-------|
| Bail Agent & Bounty Hunter Taser Course Approved for 6 Hour Continuing Bail Education Walk-In CE Only – No Taser Certification | \$200.00 | _____ |
| Taser “Authorized” User Certification Only Bail Agents, Bounty Hunters & Public No Walk-Ins for Taser Certification | \$180.00 | _____ |
| Pre-Register Bail CE and Taser Certification In the Same Six Hour Period | \$230.00 | _____ |
| Pre-register Bail Agent Continuing Ed Bail Bond Motion or Lawful Bounty Hunting | \$180.00 | _____ |
| Walk-In Bail Agent Continuing Ed Bail Bond Motion or Lawful Bounty Hunting | \$200.00 | _____ |

Class to Attend: _____
City _____ **Date of Class** _____

METHODS OF PAYMENT

CREDIT CARD AUTHORIZATION

Mastercard _____ Visa _____ American Express _____ Discover _____ PayPal _____

Full Name on Card: _____

Billing Address Including Zip Code: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

MAIL IN PAYMENT

Mail this completed form with payment for tuition to the Payment Processing Center. Please allow 7 business days to process your submission.

PAYMENT AT THE DOOR

Bailspeak will accept cash, money order, company check, company credit card, and student’s personal credit card. Personal checks **will not** be accepted.

Applicable certificates for students who pay at the door will be mailed to the student within 10 business days subsequent to completion of attended class.

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REFUND POLICY

Bailspeak will refund tuition in full upon written notice of cancellation that is received by email or fax 20 business days prior to the first date of the class that has been pre-registered for above. Students may roll over submitted tuition to same class one time.

The \$100.00 Seat Security Deposit to guarantee your seat is fully earned and non-refundable.

Any and all received payments shall be deemed fully earned when a student completes any course or fails to attend without providing written notice of cancellation as described above. Student agrees not to charge back credit card payments pursuant to this understanding.

HOLD HARMLESS & WAIVER OF LIABILITY

Student identified above (hereafter called “First Party”) hereby releases and forever discharges Bailspeak: Pre-Licensing & Continuing Bail Education (hereafter called, “Second Party” and their/its director, owner, owners, instructors, agents, executors, administrators, assigns, and successors in interest of and from any and all claims, demands, damages, causes of action(s), and debts whatsoever, in law or in equity, which, may or may not occur either directly or indirectly, through the course of attending class lectures, participating in physical training of any kind from any future claim or claims whatsoever.

First Party and his/her/ their heirs, spouse, former spouse(s), legal representatives, assigns and anyone else claiming under him/her/ them family, friends, relatives, business associates, or any other person or entity shall not, in any way, hold future claim, whatsoever in reserve for any injury, physical or emotional, that First Party now has, had or may hereafter have, whether known or unknown, suspected, for, upon or by reason of matter, cause or thing whatsoever.

First Party understands that this is intended as a full and complete waiver of liability of any and all claims hereinabove described.

First Party voluntarily and knowingly executes this waiver of liability below with the express intention of eliminating Second Party from all claims, known or unknown that have arisen or may arise from any and all occurrences including but not limited to training undertaken anywhere in the United States of America.

By signing below, Student acknowledges reading and understanding the terms & conditions set forth herein in totality and agrees that by executing his or her signature below that this agreement is legally binding with dispute resolution venue to be in San Joaquin County, California.

Signature of Student

Date