

# 8 W.A.Y.S. Academy LLC

**Port Allen, La**  
**Phone: (225) 315-9856**  
**Email: info@8waysacademy.com**

## **CLASS APPLICATION**

(Please allow two weeks for processing)

Class Name to be registered for: \_\_\_\_\_  
Class Date: \_\_\_\_\_

\*\*\*\*\*

### **Personal Information**

Student Name (Last, First, Middle Initial): \_\_\_\_\_

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

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

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Guardian(if under18): \_\_\_\_\_

Male / Female (Circle please)

How did you learn of 8 W.A.Y.S. Academy LLC? \_\_\_\_\_

Were you referred by another 8 W.A.Y.S. Academy student? If so, who?  
\_\_\_\_\_

What about our classes interest you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

### **Health and Emergency Information**

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

Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Additional Phone: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Do you carry an Epi-Pen? If so, explain \_\_\_\_\_  
Pertinent medical conditions or medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please choose one: Meat-Eater / Vegetarian / Vegan / Other: \_\_\_\_\_  
If you have medical insurance please bring that information to class with you.

\*\*\*\*\*

### **Deposit and Tuition Payment Information**

A non-refundable deposit is required to secure you spot in the class.

Deposit Requirements are below:  
One day workshops or classes: \$150  
Weekend Classes (3 & 4 day): \$100  
Weeklong classes: \$300

Please indicate your method of payment:

Credit Card / Check / Money Order

If check or money please write the number here: \_\_\_\_\_  
Amount check or money or is made out for: \$ \_\_\_\_\_

Select Card: Visa / MasterCard / American Express / Discover

Credit Card Number: \_\_\_\_\_  
Pin: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Visa, M/C Discover - 3 digit code on signature strip on back of card Amex - 4 digit embossed code front of card: \_\_\_\_\_

Amount to Bill (in U.S. dollars): \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Amount to bill today:

Deposit only: \$ \_\_\_\_\_

Deposit plus partial payment: \$ \_\_\_\_\_

Full tuition: \$ \_\_\_\_\_

If applying within two weeks the full tuition amount will be charged.

Do we charge remaining balance to this card two weeks prior to class?

Yes / No (Circle one)

If no, alternate payment must be received two weeks prior to the chosen class or deposit is forfeited.

Signature (for credit card payment only): \_\_\_\_\_

\*\*\*\*\*

I certify that I have read 8 W.A.Y.S. Academy Cancellation and Registration Policy and agree to the terms set forth in that policy

Yes / No (Circle one) Initial \_\_\_\_\_

Please contact our office for a printed copy of our Cancellation and Registration policy.

**RELEASE WAIVER:**

You must sign an original copy of waiver to be admitted to class.

In all classes, demonstrations and excursions conducted by JONATHON PINCKARD, 8 W.A.Y.S. ACADEMY LLC, and it's STAFF (hereinafter, 8 W.A.Y.S. ACADEMY LLC), reasonable care is taken to prevent serious injuries and to minimize accidents. The PARTICIPANT states that he/she is fully aware that survival, tracking, awareness, and philosophy training, even under the safest conditions possible, may be dangerous, and the PARTICIPANT hereby agrees to knowingly and voluntarily accept full responsibility and assume all risks, including those caused by acts of God, injury, death, and/or loss to his/her person and/or property. The PARTICIPANT agrees to obey the rules and regulations set down by 8 W.A.Y.S. ACADEMY LLC. in order to minimize the risks. The PARTICIPANT knowingly, voluntarily, and irrevocably waives any and all past, present, and/or future injuries, death, or loss, including those caused by acts of God, received while participating in activities conducted by 8 W.A.Y.S. ACADEMY LLC. As a student, participant, spectator, and/or visitor, or in any other manner or form, taking part in the exercises, practices, excursions, and/or demonstrations of said survival, tracking, awareness, and philosophy training. The

PARTICIPANT certifies that he/she is physically capable to participate in the said survival, tracking, awareness, and philosophy training program despite the rigors and dangers inherent in such an undertaking. The PARTICIPANT accepts all responsibility for any injury, death, and/or loss to his/her person or property, including by acts of god, for the rigors and dangers inherent in this undertaking. THE PARTICIPANT ACKNOWLEDGES THAT THE USE OF VIDEO RECORDERS IS PROHIBITED. The PARTICIPANT releases to 8 W.A.Y.S. ACADEMY LLC rights to use any photograph, video and or audio recording taken while participating in said survival, tracking, awareness, and philosophy training, to be used as deemed by 8 W.A.Y.S. ACADEMY LLC, including advertising. Prices and policies are subject to change without notice. **I have read 8 W.A.Y.S. ACADEMY LLC Registration Policy and I acknowledge that I understand and agree to terms as outlined.**

**MY SIGNATURE BELOW INDICATES MY ACCEPTANCE OF THESE TERMS and my desire to participate in 8 W.A.Y.S. Academy LLC School.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_