



**17667 Pierson**  
Detroit MI 48219  
313.531.0111

**STUDENT AGREEMENT FORM**

Upon your reading and understanding of each of the items listed below, put your first and last initials on each of the lines to indicate your agreement to each of the statement.

- \_\_\_\_\_ 1. I agree to pay the full \$700.00 tuition fee. I understand that I will be expected to pay an additional \$700.00 re-entrance fee should I be dismissed or leave the program. I am aware that all fees are NON\_REFUNDABLE
  
- \_\_\_\_\_ 2. I understand that I will be expected to have all my fees paid upon my personal pass times. Should these, fees be unpaid, I agree to forfeit this time until such fees are paid. Should an outside job be available, I agree to working on personal pass time and contributing all monies earned to Life Challenge toward my unpaid fees.
  
- \_\_\_\_\_ 3. Should I be coming from a city or town outside the Detroit area, I agree to have a round trip ticket (bus/train/plane) prior to entrance into Life Challenge (or the appropriate funds to purchase the said ticket). I will also have transportation fees available which will be placed on hold (\$10.00 bus/train station; \$20.00).
  
- \_\_\_\_\_ 4. Should I leave before graduating, I understand that monies in my personal student account above \$5.00 will be returned in the following manner:
  - a. by check
  - b. within five (5) working days; and
  - c. mailed to the address I indicate

Monies will be withheld should I have any outstanding financial obligations to Life Challenge (e.g., induction fee, personal account debits). Furthermore, monies will become the property of Life Challenge in the event that I do not give an address to forward remaining account monies within thirty (30) days of my departure.
  
- \_\_\_\_\_ 5. I agree to donate to Life Challenge 50% of all SS/SSI income I am presently receiving.
  
- \_\_\_\_\_ 6. I am aware that I am not permitted to apply for SS/SSI income while a student at Life Challenge. I understand that I will have to discontinue pursuing these funds upon entrance into Life Challenge should I have already applied.
  
- \_\_\_\_\_ 7. I understand that I forfeit my right to apply for or extend unemployment compensation while a student at Life Challenge.
  
- \_\_\_\_\_ 8. Upon entering the program, I give Life Challenge permission to inspect all of my personal belongings.
  
- \_\_\_\_\_ 9. I give permission for authorized personnel to read all my incoming and outgoing mail.
  
- \_\_\_\_\_ 10. I understand that it is my responsibility to take all of my belongings with me at the time of departure or to make special arrangements to pick them up. I understand that I am NOT permitted to take and "blessings" with me should I leave before my graduation date.

- \_\_\_\_\_ 11. I am aware, should I be dismissed or decide to leave of my own volition, I will be expected to exit Life Challenge properties within a 2-hour period.
- \_\_\_\_\_ 12. I give permission for authorized personnel to contact the person (s) indicated on my "EMERGENCY CONTACT INFORMATION" form in the event that I am dismissed from the program or leave of my own volition.
- \_\_\_\_\_ 13. I understand that Life Challenge is NOT responsible for any personal property left, lot, or stolen from the premises.
- \_\_\_\_\_ 14. I understand that Life Challenge cannot and will NOT be held responsible for any personal injury occurring while in the program.
- \_\_\_\_\_ 15. I will notify staff of any job detail that I feel would be a risk to my personal safety. I will exercise reasonable care in regards to any work detail.
- \_\_\_\_\_ 16. I am \_\_\_ I am NOT \_\_\_ on prescribed medication\* (check on). List medications if applicable.  
 \_\_\_\_\_ **\*Note: If you are currently on prescribed medication, you must complete and sign a Student Medication Agreement Policy Form.**
- \_\_\_\_\_ 17. I understand that I will not be permitted to receive outside counseling as a student of Life Challenge.
- \_\_\_\_\_ 18. I agree to abide by the written Rules and Regulations for as long as I am a student in the Life Challenge program. If I have any questions regarding these rules, I agree to ask a staff member for clarification.
- \_\_\_\_\_ 19. I agree that I am not signing this form under compulsion by a Life Challenge staff member, intern, or volunteer, nor anyone else affiliated with Life Challenge. I am voluntarily and willingly entering into this agreement of my own volition.
- \_\_\_\_\_ 20. I understand that my residency at Life Challenge is at the will of Life Challenge and may be terminated at any time for any reason.
- \_\_\_\_\_ 21. I hereby grant to Life Challenge, its representatives and employees the right to take photographs and video of me and my property in connection with Life Challenge. I authorize Life Challenge of Southeastern Michigan, its assigns and transferees to copyright, to use and to publish the same in print and/or electronically. I agree that Life Challenge may use such photographs of me with or without my name and for any lawful purpose, including for such proposes as publicity, illustration, advertising, and web content.

I have read each of the 21 items on this form or have had them read to me in their entirety. I understand the contents of this form and I consent to each of he conditions listed above.

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

Witness: \_\_\_\_\_ Dated: \_\_\_\_\_

Witness: \_\_\_\_\_ Dated: \_\_\_\_\_