

PAYMENT AGREEMENT AND REFUND/EXCHANGE NOTICE

By participating in the Chronic Disease Self-Management Program offered by Employee Wellness, I agree to provide payment in one of the approved forms: tuition remission, cash (exact change), or check (made out to "Employee Wellness"). If I fail to deliver valid payment, I acknowledge that I will not be able to take part in any activities of the Chronic Disease Self-Management Program.

Once payment has been submitted, I also agree to abide by the following:

1. Refunds and/or exchanges can only be processed prior to the earlier of:
 - a. Participant receipt of course materials from the instructor. Materials may include, but are not limited to: chronic disease self-management workbook, exercise DVD, relaxation/meditation CD.
 - b. The meeting of the first scheduled group class.
2. Once a participant has received any of the course materials or after the first group class has met, whichever occurs first, the participant is responsible for the entire cost of the course.
3. No refund or exchange exceptions will be made.

Employee Wellness encourages all participants to make necessary arrangements to be able to attend and participate in the course. If a participant's situation changes, Employee Wellness instructors are available to discuss options to continue course participation.

Print name: _____

Signature: _____

Date: _____