

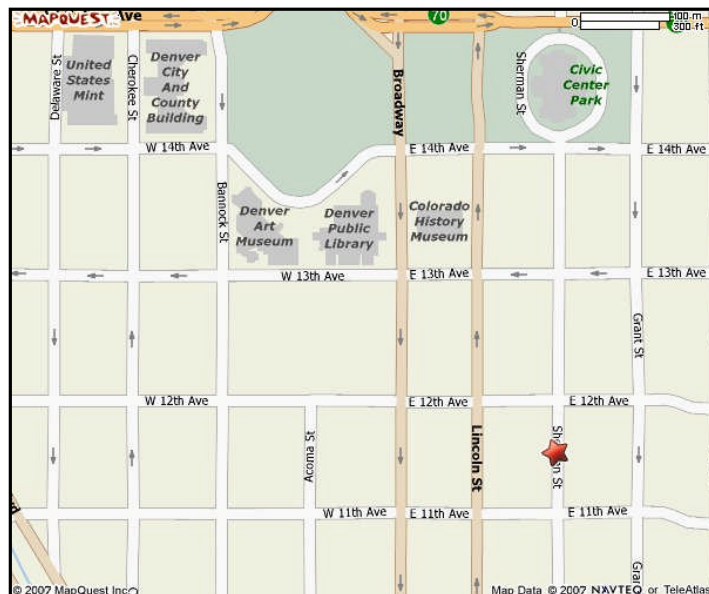
Dear Enrollee,

Thank you for enrolling in the Colorado Institute of Bail Enforcement, a Praetorian Services Group Training Division company. This is your enrollment packet. There are several forms that you must fill out and sign and **fax** to us before we mail out your course.

The Colorado Institute of Bail Enforcement will provide you with fingerprint cards with your certification and instructions on where to go to complete this requirement. Any other questions that you have about the requirements for Bail Recovery Agents in the State of Colorado, please refer to our website at [www.ColoradoBailInstitute.com](http://www.ColoradoBailInstitute.com) or call our office at 303-872-7750 Monday through Friday.

Our office & class location is 1155 Sherman Street, Denver, Colorado, 80203 in the main conference room on the main level. Below is a map of this location. For parking, you must find street parking unless provided with a parking pass from our office. For all classes, early arrival is suggested to find parking.

**DIRECTIONS:** Take I-25 to Colfax Ave. Go east on Colfax Ave to Broadway. Turn south on Broadway. Go to 12<sup>th</sup> Street and turn left (east). Go to Sherman Street and turn Right (south) and it is on the south-west corner of 12<sup>th</sup> and Sherman Street.



Again, thanks for enrolling in our course!

Sincerely,  
Colorado Institute of Bail Enforcement  
1155 Sherman Street  
Denver, Colorado, 80203  
303-872-7750 office  
720-306-3064 fax  
[www.ColoradoBailInstitute.com](http://www.ColoradoBailInstitute.com)

# ENROLLMENT PACKET

## Instructions for completing this packet

The following is a step by step guide to assist you in filling out your enrollment packet. Please feel free to contact our Enrollment Department with any questions or concerns. 303-872-7750

*Please fill out each form clearly or typed!*

**ONCE COMPLETE FAX BACK TO: 720-306-3064**

### FORMS:

#### 1. Student Quick Information Sheet

Please fill out the entire form. All information is required for our records.

#### 2. Investigation Clearance Form

THIS FORM IS REQUIRED! This form allows us to make sure you are qualified to enroll into our course, and to ensure that you are eligible for training. Failure to complete will result in denial for enrollment.

#### 3. Course Enrollment Form

Please complete the entire form. All information is required. If a question does not apply to you write N/A. Leave no blanks!

#### 4. Waiver of Liability Form

This form is both for your protection and ours. It makes you aware of the possible inherent risks in training. Please read this waiver fully and make sure you understand it completely. If you have questions, please contact your Enrollment Counselor.

#### 5. Non-Disclosure Agreement

Please read this Agreement! Your signature is REQUIRED! This just protects us to ensure that you, and future students, will always receive the best possible training.

#### 6. Incidental Fees Form

This form simply explains that fees may be assessed against your balance due, or may become due if you cancel, fail to attend class, or need to reschedule.

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Colorado Institute of Bail Enforcement.**

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**PRINT YOUR NAME HERE:** \_\_\_\_\_

WITNESS SIGNATURES ARE REQUIRED TO COMPLETE THIS PACKET. YOU MAY HAVE ANYONE OVER THE AGE OF 18 SIGN AS A WITNESS. YOU MUST ANSWER THE FOLLOWING ABOUT YOUR WITNESS:

Witness Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Witness's Age: \_\_\_\_\_ Phone Number Of Witness: \_\_\_\_\_



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## Student Quick Information Form

LAST NAME	FIRST NAME	MIDDLE NAME

PHONE NUMBER	E-MAIL ADDRESS

STREET ADDRESS	CITY	STATE	ZIP

SOCIAL SECURITY NUMBER	DATE OF BIRTH

CLASS NAME	CLASS DATE(S)

*This information is used for our official school business. No information on this page will be sold, shared or given out for any other purpose than for official school business. Students are automatically enrolled in the Academy Newsletter which will be sent to your e-mail address above with important industry information and updates as well as information on the school and upcoming courses/training.*





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## Course Enrollment Form

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**The following information is used to verify identity and to submit to the Colorado Bureau of Investigation to determine eligibility for Certification.**

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security #: \_\_\_-\_\_\_-\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Have you been convicted of: (circle one)**

**Yes / No** Felony with in the last 15 years      **Yes / No** Misdemeanor within the last 3 years

Do you feel that there might be any reason you might be denied certification by the State of Colorado for a valid certification for Bail Enforcement Agents? **Yes / No**

If yes, please explain: \_\_\_\_\_.

**The following information is used by our instructors. Please answer as completely as possible.**

**Yes / No** Do you have any Military Experience? If so, what branch and job description:

\_\_\_\_\_

\_\_\_\_\_

**Yes / No** Do you have any Law Enforcement Experience? If so, how long, and what division/grade did you leave as: \_\_\_\_\_

\_\_\_\_\_

**The following questions are to help us determine any special arrangements needed in the course of our instruction.**

**Yes / No** Do you need any special arrangements to be made in taking our course (In accordance to the American Disability Act)? If so, what:

\_\_\_\_\_

**Yes / No** Do you currently hold a Bail Enforcement Certificate in the State of Colorado?

**Yes / No** Do you currently hold a Bail Enforcement Certificate in any other State?

If so, which state:\_\_\_\_\_.

**Yes / No** Have you taken any other Bail Enforcement Certification courses? If so, when and by what school: \_\_\_\_\_.

**Yes / No** Have you recently been denied a Bail Enforcement Certification? If so, why:

\_\_\_\_\_.

**Yes / No** Have you ever failed a Bail Enforcement training course? If so, when and by what school:\_\_\_\_\_.

**Yes / No** Is there any reason in which you feel you are not capable in participating in self-defense training, arrest and takedown training or any other physical training in which this course covers? If so, why:

\_\_\_\_\_  
\_\_\_\_\_

### **Less Lethal Weapons**

**Yes / No** Do you currently own any less lethal gear (i.e. pepper spray or taser)?

**Yes / No** Have you ever received formal Less Lethal or Taser training?

What is the extent of your knowledge in the proper use of less lethal weapons?

\_\_\_\_\_  
\_\_\_\_\_.

### **Firearms Training**

**Yes / No** Do you currently own a firearm (i.e. handgun, rifle or shotgun)?

**Yes / No** Have you ever received formal firearms training?

What is the extent of your knowledge in the proper use of firearms?

\_\_\_\_\_  
\_\_\_\_\_.

### **Arrest Control**

**Yes / No** Do you currently own any restraints (i.e. handcuffs, speed cuffs)?

**Yes / No** Have you ever received formal Arrest Control training?

What is the extent of your knowledge in the proper use of force or arrest control techniques?

\_\_\_\_\_  
\_\_\_\_\_.

## Partner/Group Enrollment

**Yes / No** Are you enrolling in our courses with a Partner? If so, what is their name?

**Name** \_\_\_\_\_

**Yes / No** Are you enrolling in our courses with a team (3 or more)? If so, what is the teams name/company name(if applicable): \_\_\_\_\_

What are the member names:

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

### The following personal information is for your protection

Who would you like us to contact in case of emergency?

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Yes / No** Do you have any medical conditions that you feel we need to know about before beginning our courses? If so, what:

\_\_\_\_\_.

I understand and affirm that all the information given above is true and accurate at the time of completion. I further understand that by the information given above, the Praetorian Services Group has the right to deny my enrollment for any reason other than sex, age, race, creed, sexual orientation or any other reason prohibited by law. By signing below, I confirm my enrollment into the Praetorian Services Group. I also understand that a waiver of liability is required upon enrollment holding the Praetorian Services Group, its agents, employees, successors, business partners, suppliers and landlords non-liable for any injury, accident or loss during any instruction given in the course of my enrollment in Praetorian Services Group.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Course:** \_\_\_\_\_

(A copy of Identification is required for enrollment into all our courses)

For office use only!

Enrollment Counselor: \_\_\_\_\_

Course Enrollment: \_\_\_\_\_

Deposit: \_\$\_\_\_\_\_ Payment Plan: ( \_\_\_\_\_ ) \$ \_\_\_\_\_  
( \_\_\_\_\_ ) \$ \_\_\_\_\_  
( \_\_\_\_\_ ) \$ \_\_\_\_\_

Enrollment Approved: \_\_\_\_\_

Official Enrollment Date: \_\_\_\_\_

Course Start Date(s): \_\_\_\_\_



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## Incidental Costs Agreement

Praetorian Services Group, LLC has a refund and exchange policy in place on courses offered through the Training Division and the Colorado Institute of Bail Enforcement. This policy applies to all payments whether made by check, cash, PayPal™ or Credit/Debit Card either in person, on the phone, by fax, by mail or made online through either <http://www.PraetorianServicesGroup.com>, <http://www.ColoradoBailInstitute.com> or <http://www.MySpace.com/thecibe>.

The refund and exchange policy differs between the various courses offered by the Praetorian Services Group Training Division, including the Colorado Institute of Bail Enforcement. As a standard, there are no refunds on courses purchased. We do take in consideration extenuating circumstances and factors, and exchanges may be allowed. Refunds, partial or full, *can* be issued at the Director's discretion and will use the following guidelines in the decision:

### **Policy For All Core Courses (except for correspondent/at-home study courses)**

#### *Cancellation Refund Policy (All Refund Fees Are Non-Refundable):*

If a student cancels/drops the course no later than 15 business days prior to the scheduled course date, a full refund may be issued to the student. To be eligible for a full refund, the student must complete the following:

1. Return, in original condition, any course materials provided or sent to the student prior to the course
2. Request cancellation of course received in Director's office no later than 15 business days prior to course date [email, fax, or mail]

It is requested and preferred that students attempt to re-schedule their course date prior to requesting to cancel/drop the course.

If a student cancels/drops the course 10 to 14 business days prior to scheduled course date, a partial refund equal to 50% of the course enrollment fee will be issued; for example a course fee of \$250.00 will be partially refunded at \$125.00 to the student. *Exceptions may be given at Director's Discretion.* The following must be completed by the student to receive the partial refund:

1. Return, in original condition, any course materials provided or sent to the student prior to the course
2. Request cancellation of course received in Director's office no later than 10-14 business days prior to course date [email, fax, or mail]

If a student cancels/drops the course with less than 10 business days until scheduled course date, no refund will be issued and student will forfeit all enrollment fees for said course. *Exceptions may be given at Director's Discretion.*

#### *Reschedule Course Policy (All Fees Are Non-Refundable):*

If a student requests to reschedule their scheduled course date for a later course date no later than 15 business days prior to the originally enrolled, scheduled course date, no fee will be assessed to the students enrollment fees. A student must complete the following to be eligible for a no fee reschedule:

1. Request to reschedule course date received in Director's office no later than 15 business days prior to course date [email, fax, or mail]

If a student requests to reschedule their scheduled course date for a later course date no later than 5 to 14 business days prior to the originally enrolled, scheduled course date, a \$25.00 non-refundable reschedule fee will be assessed to the students enrollment fees. *Exceptions may be given at Director's Discretion.* A student must complete the following to be eligible for \$25.00 reschedule fee:

1. Request to reschedule course date received in Director's office no later than 15 business days prior to course date [email, fax, or mail]
2. Submit a money order or cashiers check made payable to: Praetorian Services Group (or for bail recovery certification course: Colorado Institute of Bail Enforcement) and received by the Director's office within 10 business days of request to reschedule notification date.

**INITIAL HERE:** \_\_\_\_\_

Failure to send the \$25.00 non-refundable reschedule fee will result in an additional \$5.00 fee and the total will be deducted from the students initial enrollment fess. Student will be required to balance their account prior to being allowed to attend or graduate course(s).

No student my request for a course reschedule with less than 5 business days until original enrolled course date. *Exceptions may be given at Director's Discretion and may result in a reschedule fee up to \$50.00 with the same requirements as above for eligibility.*

Course No Show Policy:

The Praetorian Services Group, including the Colorado Institute of Bail Enforcement has a strict no show policy. Any student that fails to show for a course enrolled in on the scheduled course date, without notification in writing to Director's office at least 4 hours prior to course start time, will forfeit entire course enrollment fees. Refunds, whether partial or full, will be decided by the Director's office and are typically not issued for a no show. Director may choose to allow either a cancellation or refund in accordance with the policies herein and will result in said fees.

Course Exchange Policy:

Exchanges on courses, except correspondent/at-home study courses, may be allowed at the Director's discretion. No fee will assessed on exchanges, as well as no refunds on the course cost difference. Student will be responsible for any difference in cost between courses exchanged. Exchanges are not guaranteed to be approved by the Director and if denied, the above cancellation and reschedule policies still apply.

**Policy For All Correspondent/At-Home Study Courses:**

Cancellation Refund Policy (All Refund Fees Are Non-Refundable)

No refunds or exchanges will be issued on any correspondent or at-home study course after the date course is shipped to student. A student may request a refund on course materials prior to the ship date (typically 7 business days after order date) and will be assessed a \$25.00 re-stocking fee prior to issuance of refund. To be eligible for a refund, the student must complete the following:

1. Request to refund course fees received in Director's office prior to course ship date [email, fax, or mail]

A student pay upgrade their correspondent/at-home study course to the classroom version of that course for the difference in course cost (shipping and handling fees at not considered part of the course cost). Student may do this at any time, however, it is requested that notification be given to the Director's office in writing with ample time to schedule student in next available classroom version course date. No other fees will be assessed or charged to the student for this upgrade over the difference in course cost.

**Other Course Fees**

*Applies to all courses.*

**Lost/Misplaced Course Book:**

\$35 fee for replacement

**Lost/Misplaced Course Materials:**

\$35/per item for replacement

**Online Re-test Fee (correspondent courses only):**

\$50 test rest fee

**Certificate, Transcript or Fingerprint Card Re-print/Re-Issue:**

\$25 fee

Director may waive any full or partial fees listed above at his/her discretion. Emergency or medical excuses require documentation and must be provided to the Director in a timely manner to avoid any fees. By signing below you agree that you have read and thoroughly understand all of the above fees and agree to be charged according to this agreement and fee structure.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

# NON DISCLOSURE AGREEMENT

## Notice on course material!

This course is to only be used as a guide, and not as official documentation of fact, truth, legal advice, accounting advice or any other professional advice. The Colorado Institute of Bail Enforcement, its agents, successors, contractors, and so forth shall not be held liable for misuse of this information by any and all of it's students. Furthermore, an individual certified by Colorado Institute of Bail Enforcement may not hold liable the Colorado Institute of Bail Enforcement, its agents or successors or contractors for any misuse or unlawful act by any graduate from any of our courses.

This Publication and all information is true, correct and in compliance with the training standards of the Colorado Institute of Bail Enforcement. Any information given here in accordance with business registration or licensing is based on available information from the Colorado Secretary of States Office, Colorado Department of Revenue, Colorado Department of Labor and Employment, Internal Revenue Service and the Colorado Division of Insurance. The author and the Colorado Institute of Bail Enforcement, intend to use this as a guide for all aspects of training associated with this course.

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I have read the above statements and understood the rights of the Colorado Institute of Bail Enforcement, it's members, agents, successors, and contracts. I do hereby agree to waive any liability against the Colorado Institute of Bail Enforcement for past, present and future claims.

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

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

Print Name: \_\_\_\_\_

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

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

Print Name: \_\_\_\_\_



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## Waiver of Liability

I, \_\_\_\_\_ hereby release and forever discharge the Colorado Institute of Bail Enforcement and Praetorian Services Group, LLC., its administrators, agents, assigns and all other persons, firms and corporations who might be claimed to be liable, none of whom admit any liability, from any and all claims, demands, actions, causes and action or suits of any kind or nature whatsoever and particularly on account of all injuries, damage, theft or deaths, known and unknown, both to person and property, which have resulted, or may in the future develop, from any accident or loss which might occur as a result of any event or activity sponsored by Colorado Institute of Bail Enforcement or Praetorian Services Group, LLC., The undersigned hereby declares that the terms of this settlement have been completely read and are fully understood and voluntarily accepted for the purpose of making a full and final compromise adjustment and settlement for any and all claims, stipulated or otherwise, on account of the injuries, losses and damages above mentioned, and for the express purposes of precluding, forever, any further or additional claims arising out of any possibility of accident by the undersigned. It is further agreed that the release expresses a full and complete settlement of liability, regardless of the adequacy of the aforesaid, and that the acceptance of this release shall not operate as an admission of the liability on the part of anyone, nor as estoppels, waiver or bar with respect to any claim the part or parties release may have against the undersigned.

This release is binding on my heirs, executors, assigns and administrators. This is a voluntary release for any and all future injuries, accidents or losses. The undersigned is aware of the risks of attending, traveling to and from, and participating in the events sponsored by Colorado Institute of Bail Enforcement and Praetorian Services Group, LLC., and hereby assumes all risks. The risks include those foreseen and unforeseen, known and unknown.

*By signing below I agree that I have read and thoroughly understand all of the above. I also agree to release any liability of the Colorado Institute of Bail Enforcement and Praetorian Services Group, LLC., and its employees, whether employed or contracted for any losses, injuries or legal issues foreseen and unforeseen, known and unknown.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date