## *Standing on the Shoulders of Giants Curriculum*

### EFLA 2016 Summer Academy Enrollment Agreement & Waivers

### Participant Release and Agreement

I hereby acknowledge my awareness that participation in EFLA activities may expose my child(ren) to risk of property damage, bodily or personal injury, including death. Activities will include certain physical activities such as walking, running, climbing, crossing streets and intersections, etc. I understand that the risks that my child(ren) may encounter include, but are not limited to transportation accidents; injury from falls; inclement weather; injury from animal or insect bites; cuts; burns; abrasions; puncture wounds; broken bones; muscle strains and sprains; and exposure to contagious diseases which may cause death, as well as other risks that may not be foreseeable. I have been informed and understand that there are inherent risks and dangers involved in these activities. I knowingly and freely assume any and all such risks and voluntarily allow my child(ren) to participate in this activity. I grant permission for my child(ren) to participate in all field trips, activities, and visits that are part of the scheduled activities for EFLA. I understand that some of these activities may include van / vehicle transportation, and give permission for my child to be transported as necessary.

I have reviewed the description of my child(ren)'s camp on the Summer Academy website and understand the unique activities and risks that will take place, understanding that portions of the camp may be changed between now and camp completion.

The student, as a EFLA participant, pledges to conduct himself/herself in a manner that reflects favorably upon all concerned. Students are bound to the conduct guidelines stipulated in the Rules and Regulations. EFLA staff may discipline a student or refer a student to the Program Administrator for dismissal from the program for behavior detrimental to the program or not in keeping with the program guidelines provided to parents and students. Should a student be dismissed for disciplinary or academic reasons, no fees will be returned to the parent or student.

We further agree that EFLA reserves the right to make cancellations, changes, and substitutions in case of emergency or changed conditions, or if such are in the best interests of the group affected. Should EFLA cancel a program without cause, program fees will be refunded fully. If cancellation is due to causes outside of the control of EFLA, EFLA will refund only uncommitted and

recoverable funds. In addition, it is agreed that the cost of travel to and from the program is not included in any fees that may be refunded.

It is also agreed that should a student leave the program within 10 full business days before program start or after it has begun there will be no refund of any fees. Should a student leave a program due to a death in the immediate family, an illness that requires hospitalization, or other extenuating circumstances as approved by the program coordinator, EFLA will refund the full cost minus stated cancellation fees in the EFLA Cancellation and Payment Policy. If cancellation occurs after program start, refund will not include costs already incurred by the student such as housing, meals, and other program expenses.

In exchange for the use of equipment, materials, supplies and for being allowed to participate in this event, I hereby release and forever discharge EFLA its members individually and their officers, agents and employees from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in this activity.

I further covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against EFLA for any claim for damages arising or growing out of my participation in this activity whether caused by negligence or otherwise.

I certify that I am at least 18 years of age. This consent is given freely and voluntarily by me without coercion, duress, threat or promise of any kind. I certify that I understand and have read the above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.

**Photo Release**

I hereby grant permission for my child's likeness, image and voice to be recorded in any media during this program and to be used by EFLA in any publications, media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

**Medical Treatment Consent**

In the event I cannot be reached to give my consent, I authorize the EFLA Summer Academy staff to seek medical treatment as they deem necessary at a local medical center or health care facility while my child is attending the program. I understand that whenever possible, the EFLA staff will make a good

faith effort to contact me before seeking treatment. If this is not possible, I understand that the staff will notify my designee or me as soon as possible of any and all diagnoses and treatments.

All medical or health care (emergency or otherwise) that a student receives during EFLA will be at the expense of the individual involved. I also understand that it is highly recommended that I obtain my own health insurance. I understand it is not the responsibility of EFLA to file insurance claims.

**Medication Policy & Procedures**

If your child needs ANY prescription or over the counter medication while at camp, you MUST provide this information in the registration application.

Your child has full responsibility for taking their medication while at camp. Students must keep all medication secured at all times and out of reach of other students. Accommodations can be made for medication that needs to be refrigerated, if arranged prior to your arrival. If your child is an overnight student and needs medication during the day, he/she is responsible for taking it along with them to and from the residence hall daily.

I have read the Enrollment Agreement above, which includes the Participant Waiver, Photo Release, Medical Treatment Consent, and Medication Policy, and understand its terms and accept its conditions. In the event that this Agreement is executed by one parent, I acknowledge that I am also acting as the agent of the other parent with authority to enroll my child at Summer Academy and to execute this Agreement on his or her behalf. I recognize that Summer Academy relies upon the representations herein made in accepting this enrollment. I certify I am at least 18 years of age.

I hereby certify that my child has no medical conditions that will prevent normal participation in the program. I further understand and acknowledge that no medical insurance benefits will be provided during this event, and I certify that I have sufficient health, accident and liability insurance to cover any bodily injury or property damage I/my child may incur while participating in this event and to cover bodily injury or property damage caused to a third party as a result of my child’s participation in this event.

End of waiver.