SPRING RIDGE ACADEMY

Sponsor(s) Acknowledgement & Acceptance

Initials: _____ / _____

Enrollment Terms and Agreement

STUDENT NAME: _____
First **Middle** **Last**

DATE OF BIRTH: _____ STUDENT SOCIAL SECURITY #: _____

Who is financially responsible for the student's enrollment (Sponsor(s):

BILLING NAME: _____ RELATIONSHIP: _____

Social Security #: _____ Date of Birth: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

Amount of Tuition: _____ (For divorced parent tuition split, indicate tuition amount or percentage)

BILLING NAME: _____ RELATIONSHIP: _____

Social Security #: _____ Date of Birth: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

Amount of Tuition: _____ (For divorced parent tuition split, indicate tuition amount or percentage)

This Enrollment Agreement begins _____.

This Enrollment Agreement, by and between Spring Ridge Academy, an Arizona Corporation (hereinafter "SRA") and the Sponsor(s) is made under the following agreements. SRA is a clinical boarding school for adolescents. SRA combines a clinically sophisticated therapeutic program with a college preparatory academic curriculum. SRA is licensed by the State of Arizona as a Behavioral Health Residential Facility (License #BH-1721) under Rules and Regulations of the Arizona Department of Health Services. The Sponsor(s) hereby agree that SRA and its staff operate in behalf of, and as agents for, the Sponsor(s).

The Sponsor(s) affirm they are the legal Guardian(s) of the Student. Sponsor(s) expressly desire to contract for enrollment of the Student in Spring Ridge Academy. If the Sponsor is not the legal guardian or parent i.e. "Family Trust" or other relative the parent(s) or legal guardian must also execute this agreement as it involves a waiver of rights as outlined in the agreements. The Sponsor(s) affirms that it has reviewed the agreements along with the Student Bill of Rights and the "Parent Manual" which are incorporated as a part of the agreements. We want the Sponsor(s) and Student to be informed of the inherent risks and voluntary participation in the activities of SRA.

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I/We understand that the SRA program includes four (4) phases and each student will complete the program at the pace that is unique to her needs. I/We also understand that each phase builds upon the internalization of the previous phase. I/We understand that the program's average length of stay is 14 – 18 months and I/We are committed to our daughter completing the SRA therapeutic program. This agreement renews automatically on a month-to-month basis. Terminating the Student's enrollment prior to the completion of the therapeutic program requires 30 days written notice.

I/We understand that the services offered by SRA are physically and emotionally challenging. Sponsor(s) give their consent for the Student to participate in all aspects and activities of SRA. Activities may include, but are not limited to: academic classes, academic counseling, therapy, experiential seminars, rigorous exercise, hiking, swimming, sporting games, activities off and on grounds, work projects, transportation, and intervention when deemed necessary. I/We also understand that these activities, as well as any other elements of SRA's programming, may involve a degree of risk to all participants.

Sponsor(s) knowingly assume the risk for the participation in the activities of SRA and release and discharge SRA, its agents, employees, and officers, from any and all claims, demands, actions, judgments, and executions which the Sponsor(s) may have against SRA for all personal injuries, and damage to property,, caused by or arising out of Sponsor(s) and/or Student's participation in the SRA program. I/We understand that SRA is fully licensed and insured, and agree that enrollment in Spring Ridge Academy and all activities relating thereto are governed by the laws of the State of Arizona and are under the jurisdiction of the courts of Arizona.

I/We understand and agree that the Student's personal effects and also her person may be searched at the discretion of the treatment staff for the purpose of revealing any prescribed or non-prescribed drugs or medications or any other substances or items that are not permitted. Body checks are performed at enrollment and if needed through enrollment. These are performed by a registered nurse or trained appointee, Students remain in their under garments during these checks. All prescribed medications that are to be taken by the applicant will be held in the possession of, and dispensed by SRA personnel. I/We understand and agree that should the Student runaway from the control and supervision of SRA staff during the term of the SRA program, SRA will use reasonable efforts to assist the Sponsor(s) in finding the Student and in obtaining her safe return. All appropriate law enforcement or security personnel of any federal, state, county, or municipal entity shall be directed to detail and retain custody of the Student until the Sponsor(s) or any SRA personnel are contacted, at which time SRA personnel may re-obtain custody or control of her.

Sponsor(s) hereby give consent and authorization for SRA personnel to physically restrain, control and detain the Student for the following purposes: to prevent the Student from jeopardizing her safety or the safety of others.

Sponsor(s) understands that Spring Ridge Academy is a family systems program and that we require at least one Sponsor to participate in the Parent Challenge and the Family Trainings all of which are key elements of the program.

SRA reserves the right to terminate the enrollment of any Student at anytime if there is a default in the performance of any of the terms of this Agreement by the Sponsor(s), or if in the sole discretion of SRA, Student is not a suitable resident of the school, or for any other reason SRA determines that the Student should not continue to reside at the school. This would include, but is not limited to, Sponsor(s) who are unwilling to follow the guidelines of SRA, or are, at the sole discretion of SRA, unreasonable or difficult to work with, and undermine student's focus at SRA by making plans with her for early withdrawal from the program prior to a mutually set discharge date with the program. In the event a Student's enrollment is involuntarily terminated, SRA shall arrange, at Sponsor(s)'s expense, to transport the Student back to Sponsor(s) address.

Sponsor(s) hereby acknowledge that they have read the entire Enrollment Agreement and that they understand and agree to its provisions. This agreement may be modified or amended if the amendment is made in writing and is signed by both parties.

Sponsor(s) Acknowledgement & Acceptance

Initials: _____ / _____

Financial Terms and Agreement

REGULAR TUITION AND FEES:

I/We the undersigned agree to pay Spring Ridge Academy upon admission for the following:

First Month's Tuition	$10,750.00	Student Expense Deposit	$250.00
Last Month's Tuition	$10,750.00	Student Monthly Allowance	$100.00
Enrollment Fee (Non-Refundable)	$2,500.00		
Payable to "**Spring Ridge Academy**"	$24,000.00	Payable to "**SRA Student Fund**"	$350.00

Payment is made to *Spring Ridge Academy* in the amount of $24,000.00 and separate check to *SRA Student Fund* in the amount of $350.00. The second month tuition will be prorated to reflect the unpaid days in the second calendar month. The monthly tuition fee covers the cost of room and board, academic classes, regularly scheduled seminars, and therapy as SRA determines. In the event that collection of any past due accounts is necessary, accrued costs of collection will be added to the account balance.

Overdue Accounts will be handled in the following manner:
15 days overdue accounts will be addressed by an email or phone call to collect payment
30 day overdue accounts will be prepared for discharge unless alternative payment methods have been created.

ADDITIONAL COSTS TO REGULAR PROGRAM:
Student Expenses:
A deposit of $250.00 is charged upon admission for student expenses. This deposit will be used to pay for the following charges as they are incurred:

- Transportation: includes non-urgent or recurrent medical trips, special needs or activities other than regular program transportation. Transportation to Spring Valley medical appointments $25.00 per trip; Prescott, Prescott Valley, Cottonwood, Camp Verde $50.00 per trip; Phoenix or Flagstaff $120 per trip.
- Shuttle: transportation via shuttles to/from Phoenix Sky Harbor Airport
- Class Fees: The Sponsor(s) understand additional fees may be charged for supplies needed for elective classes (i.e. art, expressive movement, etc.)
- Allowance: $100.00 per month to be deposited in your daughter's personal "checking" account. The monies will be used for clothing, hair styling, postage, school supplies, student outings and field trips. This "personal" checking account is part of the life skills taught at Spring Ridge Academy.
- Additional financial responsibilities may include costs to repair and/or replace property damaged by a student and/or for any costs incurred should a student require one on-one- supervision longer than 48 hours.
- The Student Expense Account must be maintained at $250 during the student's stay at Spring Ridge Academy by monthly detailed billing in addition to the tuition billing and payable upon receipt to the SRA Student Fund. The unused portion will be reimbursed to parents up to 60 days after discharge.

Medical/Pharmacy Expenses:
The Sponsor(s) agrees to be financially responsible for all medical expenses by providing insurance information a credit card for medical providers to direct bill costs not covered by insurance. Sponsor(s) must complete the Medical Insurance and Credit Card Authorization form. Medical costs include: medical, dental, orthodontic, optical, urinalysis, lab work, psychiatric and psychological testing. If insurance and credit card information is not provided and payment is made by Spring Ridge Academy, a $50 administrative fee will be charged per occurrence.

1) Sponsor(s) understands and agrees to be financially responsible for the monthly tuition of $9,000.00. Sponsor(s) understands and agrees all monthly fees are payable in advance and due on the 1st day of each month.
2) Sponsor(s) understands and agrees that in the event the Student is taking prescription medication, the Student must have a medication review conducted by a psychiatrist. Sponsor(s) agrees to be financially responsible for the psychiatrist's review. Sponsor(s) agrees to be financially responsible for the cost of any medication purchased for the Student. All medication will be ordered through a local pharmacy. SRA agrees not to purchase, administer, or authorize any medication for the Student without prior consent of the Sponsor, unless in the case of an emergency and SRA is unable to contact the Sponsor(s).

Sponsor(s) Acknowledgement & Acceptance

Initials: _____ / _____

3) Sponsor(s) agrees to be financially responsible for the cost of repairing or replacing any property lost, stolen, damaged, defaced, or destroyed by the Student.
4) Sponsor(s) agrees to be financially responsible for the costs in the event the student leaves SRA without authorization. An accounting of the expenses incurred by SRA while assisting the Sponsor(s) in finding and returning the Student will be made to the Sponsor(s).
5) Sponsor(s) agrees to pay the costs for collection of any amounts due under this agreement, including reasonable attorneys' fees, whether or not legal action is commenced, and in addition to pay interest (1½ percent per month) on all sums not paid within thirty (30) days after the due date.
6) Sponsor(s) understands SRA takes no responsibility for the approval or processing of insurance reimbursements, payments, or billings.
7) Sponsor(s) understands terminating the Student's enrollment at Spring Ridge Academy prior to the completion of the four phases requires a written notice thirty days prior to the date of termination. If the Student leaves without a thirty day written notification, the parents will be billed for thirty days tuition. If Spring Ridge Academy requests that Student leave, a tuition refund will be prorated from the date of departure. A $50 packing fee will be charged for all personal belongings to be shipped.
8) Sponsor(s) understand that upon discharge, if the $250 expense deposit is insufficient to pay current and estimated personal expenses, a portion of any tuition overpayment will be transferred and credited to your student fund account, and if there is a balance due for tuition, any Student Fund overpayment will be transferred and credited to your tuition account.
9) Sponsor(s) hereby acknowledge that I/we have read the entire Financial Agreement and that I/we understand and agree to its provisions. This agreement may be modified or amended if the amendment is made in writing and is signed by both parties.

Medical Insurance Agreement

I/We agree to provide current medical insurance during the entire enrollment of above named Student at Spring Ridge Academy. I/We understand that I/we are responsible for all medical, dental, and psychological expenses for this student, notwithstanding any health insurance I/we may have. I/we also understand and agree that **Spring Ridge Academy cannot guarantee that all healthcare providers will honor all insurance coverage. Consequently, I/we may have to file direct claims with my/our insurance carrier**. As a means to assist parents in recovering costs from insurance companies, upon request, Spring Ridge will provide parents with a quarterly insurance billing statement for their use in filing for possible reimbursement. However, we do not provide the services of verification of benefits, pre-authorization, claim submission and tracking, appeals or review. For assistance with navigating the health insurance bureaucracy, parents may seek advice with companies that specialize in health insurance claims management and advocacy.

Permission to Photograph

I/We the undersigned give permission and understand that Spring Ridge Academy staff will be taking an identification photograph for their files. _____ Yes _____ No

I/We agree to have our student photographed and to have the photograph placed in a Spring Ridge Academy brochure and/or on the web page. _____ Yes _____ No

I/We agree to have our student photographed and to have the photograph placed in the Spring Ridge Academy password restricted Parent Page _____ Yes _____ No

Lost Items Release

Spring Ridge Academy recommends that expensive or sentimental items should not be brought to the program. Spring Ridge Academy makes every effort to protect and ensure the safekeeping of all the Student's personal belongings. I/We, the undersigned, understand and agree that Spring Ridge Academy shall not be responsible or liable for loss, damage, neglect, misplacement, or theft of the Student's property even if left behind on visits, leaves, or when the Student exits the Program.

Sponsor(s) Acknowledgement & Acceptance

Initials: _____ / _____

Information Acknowledgement

I/We acknowledge I/we have received the following information:

1) Copy of the Client Rights (Parent Manual)
2) An explanation of the fees that we are required to pay (Financial Agreement)
3) Current telephone numbers for Arizona and Regional Behavioral Health Services and Child Protective Services (Parent Manual)
4) Copy of the Spring Ridge Academy Formal Complaint Policy (Parent Manual)
5) Written Description of Dress Code (Parent Manual)
6) Informed that Spring Ridge Academy is not a secure facility (Enrollment Agreement)

Parent Support Group (SRAPS) Confidentiality Agreement:

Parents of SRA students have the opportunity to become members of a parent sponsored, private internet based support group that serves only parents of students enrolled at SRA and continues after completion of the SRA program. Parents created the group as a way for them to connect, utilize as a forum to seek support and guidance from other parents, share experiences and discuss other relevant issues. I/We agree to confidentiality of the content in this group and understand that breach of confidentiality will result in the termination of a parents' access to the group. Although parents facilitate the group, SRA will access the group at times and clarify information as needed. You will receive an email invitation to join the group following your daughter's enrollment with your participation being optional.

Acknowledgement

Sponsor(s) acknowledge they have read and agree to all of the terms and conditions as detailed in pages one (1) through six (5) of this document.

Sponsor Signature Date	Sponsor Signature Date
Printed Name	Printed Name

13690 S. Burton Rd. – Spring Valley, AZ 86333
Office: (928) 632-4602 – Fax: (928) 632-7661

AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

(*Reproduce this form as needed*)

Spring Ridge Academy (SRA) is authorized to use/disclose information as noted below about:

STUDENT NAME_____ Date of Birth_____

To/From the following person/organization:

NAME_____TITLE_____

ADDRESS_____

PHONE_____ FAX_____

_____ Admission and discharge summaries
_____ Psychological and/or Psychiatric evaluation(s), reports, testing, treatment notes, summaries, or other documents with diagnoses, prognoses, recommendations
_____ Treatment, aftercare plans and other similar plans
_____ Social, family, education, and vocational histories
_____ Verbal progress reports, observations and recommendations
_____ Information about how patient's condition(s) affects or has affected student's ability to participate in school and to complete tasks or activities of daily living
_____ Academic & educational records, including achievement & other tests' results, reports of teachers' observations, and all other school or special education documents
_____ HIV-related information and drug and alcohol information contained in these records will be released under this authorization unless indicated here: _____ Do not release these
_____ Other _____

Dates of care included: From _____ to _____ and
From _____to _____

The information will be used/disclosed for the following purposes: _____

- I understand and agree that this Authorization will be valid and in effect until: _____
  I understand that after that date or event, no more of this information can be used or released to the person or organization unless I sign a new Authorization like this one.
- I understand that I can revoke or cancel this authorization at any time by sending a letter to the Privacy Officer. If I do this, it will prevent any releases after the date it is received but cannot change the fact that some information may have been sent or shared before that date.
- I understand that I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment from Spring Ridge Academy.
- I understand that I may inspect and have a copy of the health information described in this authorization.
- I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by those regulations.
- I understand that this professional will receive compensation for the use or disclosure of my health information. The arrangement has been explained to me and I understand and accept it.
- I affirm that everything in this form that was not clear to me has been explained and I believe I now understand all of it.

Signatures: _____ _____
Parent/Guardian Signature Date Parent/Guardian Signature Date

I, an authorized representative from SRA, have discussed the issues above with the client and/or student's personal representative. My observations of student's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

_____ _____
Signature & Printed Name of Authorized SRA Representative Date

AUTHORIZATION FOR TREATMENT
CONSENT FOR COMMUNICABLE DISEASE TESTING, HIV AND STD TESTING

Student's Name_____ Date of Birth_____

AUTHORIZATION FOR TREATMENT

I/We, the custodial Parent(s) and/or legal Guardian(s) of the above named minor, hereby authorize Spring Ridge Academy, through health care professionals, to render the necessary health care to the above named minor.

I/We authorize and consent to any X-ray examination, anesthetic, inoculation, vaccination, medical or surgical diagnosis or treatment and hospital care to be rendered to the above named minor under the general or special supervision and upon the advice of a licensed physician. I/We hereby consent to X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a licensed dentist. I/We hereby authorize and consent for any psychological assessment, treatment, hospitalization and psychological testing from a licensed professional counselor, psychologist, and psychiatrist to be rendered to the above named minor.

I/We hereby give consent and authorize SRA to administer to the Student a routine urinalysis or blood test for drugs.

In my/our absence or in the event that I/we cannot be contacted, I/we hereby designate, empower, and authorize Spring Ridge Academy to act in my/our stead authorizing any specific procedures and/or assisting in making elective decisions relating to the above named minor's care. I/We are aware that the practice of medicine and surgery is not an exact science and I/we acknowledge that no guarantees can be made as to the result of treatment or examinations taking place. It is the intent of this instrument to authorize, consent to and empower health care professionals selected by Spring Ridge Academy to give the care they deem necessary to my/our child, in my/our absence, or when I/we cannot be contacted, or in an emergency situation when immediate care is deemed to be in the best interest of the child by the health care professional's best judgment.

CONSENT FOR COMMUNICABLE DISEASE TESTING - HIV AND STD TESTING:

I/We further give consent for communicable disease testing, including but not limited to, HIV, Hepatitis and sexually transmitted diseases testing.

_____ _____

Date Signature Parent/Guardian

_____ _____

Date Signature Parent/Guardian

SPRING RIDGE ACADEMY

RELEASE OF MEDICAL INFORMATION

INSTRUCTIONS: This document will be utilized in the event a student requires a medical appointment in the vicinity of Spring Ridge Academy. The medical practitioner/health care provider line will be completed when needed.

To: _____ _____
Name of Medical Practitioner/Health Care Provider Date

Re: _____ _____
Name of Minor Child Date of Birth

I/We, Parent(s)/Guardian(s) of the above named minor child, hereby grant permission for you to furnish to Spring Ridge Academy Health Center a full report of the examination, diagnosis, prognosis, treatment, and recommendations regarding my/our above named minor child, together with copies of any other medical reports which you may have submitted to any other person, attorney, insurance carrier or administrative board.

This Release includes, but is not limited to, communicable disease testing, HIV and STD testing.

I/We understand that this Release will remain in effect during enrollment at Spring Ridge Academy and may be revoked by me/us at any time within that period when requested in writing.

I/We acknowledge that we have had a chance to ask questions which were answered to my/our satisfaction.

_____ _____
Date Signature Parent/Guardian

_____ _____
Date Signature Parent/Guardian

Expiration Date 2 yrs from signature date

SPRING RIDGE ACADEMY

OVER-THE-COUNTER (OTC) / AS NEEDED (PRN) - MEDICATION APPROVAL LIST

STUDENT NAME:_____DOB_____ALLERGIES_____

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____

Pain relievers / Stomach discomfort

	Tylenol (acetaminophen)325mg-500mg 1-2 tabs by mouth every 6 hours as needed for pain or fever
	Motrin/Advil (ibuprofen) 200mg 1-2 tabs by mouth every 4-6 hours as needed for pain or fever
	Topical pain rub (Icy Hot/Ben Gay/Tiger Balm) apply to affected area every 4 hours as needed for muscle pain
	Orajel or generic equivalent as needed for tooth/mouth pain—use per manufacturer instructions
	TUMS/ROLAIDS antacid tablets (calcium carbonate) 1-2 chewable tabs by mouth as needed for indigestion/heartburn
	Pepto Bismol (bismuth subsalicylate) 30ml by mouth every ½ hour to 1 hour, not to exceed 8 doses in 24 hours as needed for diarrhea/heartburn/indigestion
	Simethicone (anti-gas) 180 mg 1 tab by mouth for gas, no more than 2 a day
	Anti-diarrheal (loperamide hydrochloride) 2mg 2 tablets after the first loose stool; 1 tablet after each subsequent loose stool;no more than 4 tablets in 24 hours
	Colace (docusate sodium) 100mg 1-3 capsules by mouth daily as needed for constipation
	Milk of Magnesia 15ml by mouth daily as needed for constipation

Cold/flu / Sinus / Allergy Relief / miscellaneous

	Benadryl (diphenhydramine) 25mg capsules 1-2 by mouth every 4 hours as needed for rash or hives. Do not give for seasonal allergies
	Cough suppressant/expectorant tabs (guaifenesin 400mg+dextromethorphan 20mg) 1 tablet every 4 hours as needed for cough/congestion-up to 6 in 24 hours
	Sore throat lozenge 1 by mouth every 4 hours as needed for sore throat pain
	Suphedrine PE 10mg tabs (phenylephrine hydrochloride) 1 tab every 4 hours as needed for sinus congestion (max 6 tabs in 24 hours)
	Claritin (loratadine) 10mg tab 1 by mouth daily as needed for allergy symptoms
	Cough drop (Halls or generic equivalent) 1 by mouth every 4 hours as needed for cough/congestion
	EmergenC take 1 packet in water every 4 hours as needed for sickness or immunostimulation
	Coldeez/Zinc lozenges one for relief of cold symptoms as needed
	Saline Nasal Spray 2 sprays per nostril as needed for nasal congestion, allergies
	Vicks Vapor Rub to affected areas ; repeat up to 3 times a day
	Tussin 10 ml every 4 hours as needed for cough
	Triple antibiotic cream/ointment—use topically per manufacturer instructions as needed for minor cuts/scrapes/burns/bites
	Benadryl gel or cream—use topically per manufacturer instructions for minor skin rashes
	Hydrocortisone 1% cream—use topically per manufacturer instructions as needed for itching
	Monistat 7 (miconazole suppository+cream)—use as directed as needed for yeast infection
	Melatonin 3mg take 1 tablet at bedtime as needed for insomnia
	Multivitamin-use per manufacturer recommendations as needed for dietary supplementation
	Vitamin C 500 mg 1 caplet a day for immune support
	Cranberry 25,000mg 1 capsule per day for urinary tract health
	AZO(phenazopyridine hcl 97.5mg) 2 tablets 3 times daily with water for urinary pain, burning, UTI symptoms; No more than 2 days

SPRING RIDGE ACADEMY

Medical Insurance Billing Information

Please attach a legible/enlarged copy of your credit card. Front and back of the card is required.

Primary Insurance Company: _____

Address: _____
Street City State Zip

Benefits Phone: _____ Bin #: _____

Group #: _____ Policy #: _____

Policy Holder's Name: _____ Policy Holder's Date of Birth: _____

Policy Holder's Employer: _____

Policy Holder's Home Phone #: _____

Policy Holder's Social Security #: _____

Policy Holder's Mailing Address: _____

_____
City State Zip

Credit Card Agreement – Health Care Expenses

Please attach a legible/enlarged copy of your credit card. Front and back of the card are required.

I/We, the parents/guardians of _____ agree to provide credit card
(Student's Name)
information during the entire enrollment of above named Student at Spring Ridge Academy. I/We understand that I/we are responsible for all medical, dental, and psychological expenses notwithstanding any health insurance I/we may have. I/we authorize the health providers, including pharmacies, used by Spring Ridge Academy to charge my/our Visa/MasterCard (copy enclosed) for health services and prescriptions provided to the above named student. It is understood that Spring Ridge Academy cannot guarantee that all healthcare providers will honor all insurance coverage. Consequently you may have to file direct claims with your insurance company.

Credit Card Authorization:

I, _____, authorize the health providers of Spring Ridge Academy to charge my/our
(Name of Card Holder)

___ Visa ___ MC Acct. Number _____ Exp Date _____ Sec Code_____

Billing Address:_____

_____ _____
Signature of Cardholder Date

Chapel Rock Participant Information and Permission Form

DISCLOSURE: CHAPEL ROCK programs involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, rock climbing, rappelling, kayaking, orienteering, and other rigorous physical adventure activities. (The level of participation in a program activity is at all times completely up to the individual.) Trained professional staff conducts all programs; yet there is a risk which must be assumed by each participant that he/she may suffer an emotional or physical injury, disability or death. Every participant in CHAPEL ROCK programs is encouraged to have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete this form and return it to CHAPEL ROCK prior to participating in any activities.

PARTICIPANT INFORMATION:

1. Name_____Date of Participation: _____

2. Do you have any limiting physical or mental disabilities or medical restrictions (temporary or permanent) that could present a hazard to yourself or others during the duration of this program?
   a. ____ Yes ____ No If yes, identify and explain:

3. Do you have any allergies, reactions to medications, any other medical limitations? ____ Yes ____ No
   If yes, identify and explain:

4. Have there been any recent major life changes? (E.g., Job changes, death in family, etc)

RELEASE OF LIABILITY: I understand that parts of the CHAPEL ROCK program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in CHAPEL ROCK activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release CHAPEL ROCK, and its staff members, from all liability for any injury to me from participation in CHAPEL ROCK activities. I understand that these terms shall serve as a release of liability for my heirs, executors, and administrators and for all members of my family. I have carefully read this Disclosure and Release of Liability and fully understand its content.

Date_____ Signature_____

PHOTO/MEDIA RELEASE: I grant to CHAPEL ROCK, and persons acting for or through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create.

Date_____ Signature_____

PARENTAL WAIVER OF CLAIMS: Parental permission must be secured for participants who are not of legal age (18 years). If you are not yet classified as a legal adult, your parent(s) or legal guardian(s) must complete the following:

I/we_____ (parents' or guardians' name(s)) give permission for my (our) child _____ _____(child's name) to participate in the CHAPEL ROCK program and associated field trip(s). Should my/our child become injured, I/we request that the trip leader or designated Chapel Rock staff secure emergency medical services to aid my/our child, if in their judgment such services are necessary. I/we agree to incur any additional expenses associated with such action. As parents/guardians, I/we have decided (with or without medical advice) that my/our child is physically, mentally, and socially able to participate, and I/we acknowledge that any medical or accident insurance we consider necessary will be my/our responsibility to locate and purchase. Furthermore, I/we have read all sections of this form and do hereby release CHAPEL ROCK and its employees from liability for any damages, injuries, or losses which may occur while said child is participating in this CHAPEL ROCK program.

_____ _____

Date Parent or Guardian Signature (if participant is under age 18)

SPRING RIDGE ACADEMY

AUTHORIZATION TO RELEASE ACADEMIC RECORDS

(Reproduce this form as needed)

STUDENT NAME: _____ Date of Birth: _____

SCHOOL: _____

ADDRESS: _____

PHONE: _____ FAX: _____

DATES ATTENDED: _____

I/We hereby grant the school listed above to release Academic transcripts to Spring Ridge Academy for the above named Student. Permission is granted to release the following school records to Spring Ridge Academy:

- ☐ Official Transcript of Credit
- ☐ Withdrawal Grades
- ☐ Including Incomplete Classes
- ☐ Test Data
- ☐ Health Records
- ☐ Counseling
- ☐ Consultants
- ☐ Referral Therapists
- ☐ Other _____

_____ _____

Date Parent/Guardian Signature

_____ _____

Date Parent/Guardian Signature

Expiration Date: Two years from Enrollment Date

Send transcripts to:
Spring Ridge Academy
13690 South Burton Road
Spring Valley, AZ 86333
Fax (928) 632-7661
Questions (928) 899-5839