



School Name: _____

Student Name: _____

Program Terms and Conditions

I, the parent or guardian of _____ ("Participant"), request that Participant be allowed to participate on Oklahoma Close Up's program (OKCU) and agree to these terms:

1. **CAPABILITY:** I understand that OKCU's program will require Participant to interact with students and OKCU staff in a variety of settings, including academic study, sharing a hotel room with students from other schools and moving as part of a group in urban areas. Participant is ready, willing and able to participate, to treat everybody with respect and to follow OKCU's rules at all times.
2. **RULES:** I have read OKCU's rules and promise that Participant will follow them. If Participant violates any rule (as determined by OKCU), I authorize you to send Participant home at my expense.
3. **VALUABLES:** I will advise Participant to leave valuables at home. I also agree that OKCU is not liable for lost or stolen items or for any use of personal property (such as Participant's cell phone), even if such use is by other program participants.
4. **PHOTOS and LIKENESS:** I consent to OKCU's use in any medium of Participant's name, likeness, audio, photograph, or quotes, including posting same on OKCU's web site.
5. **DAMAGES:** If Participant causes property damage while on program, I agree to pay for all damages for same before Participant departs for home. This includes paying for charges for cleaning rooms in which tobacco has been used (as determined by hotel) while Participant was on program.
6. **MEDICAL:** If Participant, in the opinion of OKCU or its delegate, needs medical consultation or treatment, I authorize such consultation or treatment and authorize release of medical information as deemed necessary by OKCU's medical personnel or their delegates to treat Participant and to assist with related insurance matters. I authorize all medical providers to bill my insurer directly. I understand that Participant's teacher/sponsor will be consulted before any treatment, and all reasonable efforts will be made to notify me of the situation.
7. **MEDICATION:** I warrant that Participant will bring an adequate supply of medication and will self-medicate while on OKCU's program.
8. **PROGRAM PRICE:** I understand that the program price includes Tuition, Room, Board, On-Program Transportation, and Activity Fees.
9. **PAYMENT:** **I authorize you cancel Participant's enrollment, with no refund in accordance with our cancellation policy.**
10. **DISCLOSURE:** I authorize OKCU to share all information on Participant's application with OKCU's employees (or their delegates) whenever appropriate.
11. **CERTIFICATION:** I certify that all information on this application and any attachment are correct to the best of my knowledge and agree to advise OKCU, in writing, of all changes to the information that might occur between now and when Participant participates in OKCU.

Signature: _____

(Participant's Parent or Guardian)

Date: _____