



# Admissions Agreement

Student Name		Facility	
Address			
Parent Name 1		Parent Name 2	
Phone Number		Phone Number	
E-mail		E-mail	

**PAYMENT POLICY:** Payment is due on or before the 1st day of the Month. Payments after the 5TH will be considered late and will be charged a \$20.00 late fee. There will be a \$20.00 surcharge for all returned checks.

Initial:

**HOLIDAYS/ILLNESS/VACATIONS:** There are no fee deductions for holidays, illness, or vacations.

Initial:

**REFUND/WITHDRAWAL/TRANSFER POLICY:** All tuition and registration fees are NON-refundable. Deposit is mandatory to hold a space. When there is no deposit on file, a new registration must be completed with the registration fee. A withdrawal notice is required two weeks before the withdrawal date to be in effect. Our goal is to make sure that your child receives the absolute best quality education.

Initial:

**CANCELLATION AND MAKE-UP:** No make-up or reductions in tuition for any missed lessons. Private lessons require a 24-hour advance notice to reschedule.

Initial:

**PARKING LOT SAFETY REGULATIONS:** "E-PLEX BP" is not responsible for theft or damage to vehicles or contents.

Initial:

**ADVERTISING CONSENT:** I hereby, give my consent to "E-PLEX BP" to use photographs of my child for commercial purposes.

Initial:

**SPECIFICATION:** I understand that "E-PLEX BP" is a private educational institution and is not under the jurisdiction of Community Care Licensing Department.

Initial:

**LIABILITY RELEASE:** I understand that the activities offered at "E-PLEX BP" involve physical activity that may result in injury. I hereby release and agree to indemnify "E-PLEX BP" and any of its shareholders, directors, employees, volunteers, contractors, or agents for any and all liability from accident or injury incurred while my son/daughter participates in any of the programs offered, whether these programs occur inside or outside of "E-PLEX BP" In addition, I give my permission for "E-PLEX BP" to seek necessary medical aid for my son/daughter in case of an emergency. I agree to accept financial responsibilities for any cost incurred in the treatment of any injury or accident of the above student name.

Initial:

**OPEN DOOR POLICY-UNLIMITED ACCESS :** All parents who have a child enrolled in one of E-PLEX programs have unlimited access to their child(ren) and to all written records concerning their child(ren) during normal hours of operation and whenever the child(ren) is in the care of E-PLEX. We welcome parents to visit and participate in daily activities at any time.

Initial:

**ASSUMPTION of RISK and WAIVER of LIABILITY RELATING to COVID-19:** Please see details on next page.

Initial:

**I have read, understand, and agree to abide by all or the above policies and conditions.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

E-PLEX BP Director Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Assumption of the Risk and Waiver of Liability Relating to COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

**E-PLEX Preschool, Afterschool, Academy, Art, Music and Sports (“E-PLEX”)** have put in place preventative measures to reduce the spread of COVID-19; however, E-PLEX **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending E-PLEX could increase** your risk and your child(ren)’s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending E-PLEX and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at E-PLEX may result from the actions, omissions, or negligence of myself and others, including, but not limited to, E-PLEX, its employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expenses, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at E-PLEX or participation in E-PLEX programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless E-PLEX, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of E-PLEX, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any E-PLEX program.

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