

## TERMS & CONDITIONS FOR PARENTS/GUARDIANS & STUDENTS

Please take a moment to read our terms & conditions and contact us at 800-256-7387 if you have any questions. Thank you.

I, the parent or guardian of the student (“Participant”) submitting this enrollment, request that Participant be allowed to participate on your program and agree to these terms:

### 1. CAPABILITY TO PARTICIPATE

I understand that Close Up’s program will require Participant to interact with students and Close Up staff in a variety of settings. Participant will engage in structured academic activities and “live and learn” with students that may be from other schools across the country.

On occasion, Participant may be directed by the instructor to leave the group and to explore an educational stop on their own or in a small group. It is the responsibility of Participant to follow instructions on the meeting time and location and take actions necessary to rejoin the group. Participant is ready to travel, willing and able to meet these obligations, to treat everyone with respect and to follow Close Up’s rules of conduct at all times.

### 2. RULES OF CONDUCT ON PROGRAM

Participant shall: (a) show respect at all times during the program, including to students, teachers, Close Up staff, presenters, vendors, and digital communications; b) be in Participant’s hotel room before curfew; and (c) participate in all scheduled program activities unless previously excused by Close Up. Students shall not: (a) leave program or have visitors without prior written permission from parents; or (b) possess or use alcoholic beverages, illicit drugs, or firearms or weapons of any kind. Close Up also prohibits the student use of any tobacco products or electronic nicotine delivery systems, e.g., e-cigarettes, while in Close Up hotels or participating on any component of the Close Up program.

I understand if Participant violates any of these rules as determined by Close Up, this violation will result in consequences up to and including expulsion from the program.

### 3. VALUABLES, CELL PHONES AND ELECTRONIC DEVICES

I understand that Close Up’s program depends on groups of students working together in various learning environments and that cell phone use, tablet or other similar devices during such times interferes with learning opportunities. Thus, Participant shall keep their cell phone, tablet and similar devices turned off at all times during program. The exception to this rule is if the instructor specifically authorizes Participant to use their phone or electronic device.

### 4. PHOTOS AND LIKENESS

I consent to the use of, in any medium, Participant’s name, likeness, audio, video photograph or quotes, including posting same on Close Up’s website or social media. Close Up may use Facebook, Twitter, Instagram or other social media outlets to interact with Participant regarding issues related to the program. I understand and consent to this use of social media by and with Participant.

### 5. DAMAGES

I assume liability and full responsibility to pay for any and all damage to Close Up property or property of any Close Up vendors such as hotels, restaurants, seminar rooms or buses caused by Participant while on program. Hotel damage includes, but is not limited to, cleaning charges for Participant’s room in which there has been smoking as determined by the hotel while the Participant was on program. I will pay any and all charges for damage caused by Participant in accordance with the damaged vendor’s policies.

### 6. MEDICAL

Participant must bring the following documents on a Close Up program: 1) a completed Medical Questionnaire Form, 2) a signed Consent for Treatment Form and 3) health insurance card or a copy of the front and back of card (if Participant has health insurance). Participant is not required to have health insurance in order to participate in a Close Up program. If Participant, in the opinion of Participant’s teacher or Close Up or its delegate, needs medical consultation or treatment, I authorize such consultation or treatment and authorize release of information as deemed necessary to treat Participant and to assist with related insurance matters. I authorize all medical providers to bill my insurer directly using the information included in the health insurance card I provided.

### 7. MEDICATION AND DIETARY NEEDS

Participant is responsible for their recurring medical treatments and medication without Close Up supervision. All medications, injections, or

other treatments must be monitored and administered by the Participant. I will notify Close Up in advance of all medication that needs to be refrigerated. I understand that while Close Up will take reasonable measures to assist with dietary needs, Close Up cannot control or guarantee the contents of food products during travel. Participants with dietary allergies are ultimately responsible for inspecting all food for ingredients related to the allergy. Further, I understand that Close Up does not provide medical care, but that Close Up will help Participant get access to quality medical care should Participant require it while on program.

#### **8. DISCLOSURE**

I authorize Close Up to share all information on Participant's application with Close Up employees or their delegates whenever helpful to performing their duties.

#### **9. STUDENT SURVEY**

I authorize Participant to be a part of a pre- and post-program evaluation study of civic knowledge. All information collected in connection with this survey is confidential.

#### **10. CERTIFICATION**

I certify that all information on this application and any attachment is correct and I agree to advise Close Up in writing of all changes to the information that might occur between now and Participant's program start date.