

RELEASE AND ASSUMPTION OF RISK

I am aware that during the courses or activities that either my child or I will be participating in under the arrangements of the Montana Learning Center, Inc. and its agents or associates, certain risks and dangers may occur, including but not limited to the hazards of traveling in rough terrain, water and thermal feature areas; accident or illness in areas remote from medical facilities; the forces of nature; and travel by automobile, bus, boat, air or other conveyance. In consideration of, and as part payment for the right to participate in such courses or other activities, I have and do hereby assume the risks and all legal responsibility for injury to myself or my child or for loss of my property resulting in participation in these courses or other activities, and do hereby hold the Montana Learning Center, Inc. harmless from any and all liability actions, causes of action, debts, claims and demands which my child or I now have or which may arise in connection with my participation in these courses or other activities. The terms hereof shall serve as release and assumption of risk for my heirs, personal representatives, executors, administrators, and for all members of my family. I affirm that my general health or that of my child is good and that my child or I am not under a doctor's care for any condition that will endanger my health or the health of the other participants. In case of injury and/or illness, I will bear the cost of any evacuation procedures such as ambulance, helicopter, rescue team and professional medical care. I understand that I must provide health and accident insurance for myself or for my child. My participation or participation of my child in Montana Learning Center, courses or attendant activities, including photographs for future publicity in which my child or I may appear, is entirely voluntary.

Date _____ Signature _____

Signature of all participants is required

If participant is under 21 years of age, parent or guardian must sign and give age of participating minor.

_____ Age _____

Signature of parent or guardian Minor Participant

In the event of illness or injury requiring medical attention, I give medical authorities permission to treat my child. I understand that efforts will be made to contact me before medical treatment.

I understand that if my child does not abide by accepted standards of behavior and standards of safety as required by the directors that he/she will be sent home at my expense and without refund of fees.

Signature of Parent or Guardian _____

Work Phone _____ Home Phone _____

Address _____

_____ city state zip

Underage Applicant Agreement

I understand that as a participant in programs or activities of the Montana Learning Center, Inc., I must exhibit mature, responsible and safe behavior at all times while I am at the Institute or in its programs. **I understand that use of tobacco, alcohol or illegal drugs is forbidden and will result in my suspension from this program.** I understand that if I am to leave the institute by myself or with anyone other than a staff member of the Montana Learning Center, that I must have my parent or guardian provide permission either in writing or by phone to the directors for each event.

Signature of Underage Applicant _____

Application Form for Students in Grades 1-12

Complete all parts that apply

Program applied for _____

Date of selected program _____

1. _____
Last Name First Name Middle Name

2. _____
Male Female Date of Birth

3. Age as of June 1 _____ Grade completed this school year _____

4. Address _____

Home Phone(____) _____

E-Mail _____

5. Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Employed by _____ Employed by _____

Work Phone _____ Work Phone _____

6. Student's School _____

School Address _____

School Phone(____) _____

7. Student's academic area of interest _____

8. Other hobbies and strong interests _____

9. Describe briefly your participation in activities in and out of school

10. Describe briefly your participation in non-school organizations

11. Honors won, school and non-school related _____

12. Physical disabilities, health problems, or medications you are taking

13. Allergies to medications _____

14. Food allergies or preferences _____

15. Anything else you would like us to know about you? _____