

# AEF Camps

## Summer Camp Face Sheet



Dear Parents:

Welcome! Your child is officially enrolled in our summer program. Enclosed please find various forms to be completed and returned to us as soon as possible. If your child does not currently attend AEF Schools, please furnish us with copies of recent psychological and psycho-educational testing reports, school reports, letters from therapists/clinicians, and/or any other information you feel will contribute towards your child having a productive, safe and rewarding experience at AEF Summer Program. If you have any questions or concerns, please do not hesitate to contact us.

### **Camp Orientation**

Thursday, June 8, 2017

7:30 am – 6:00 pm

Please RSVP at 954-581-8222

**Paperwork must be submitted by May 19<sup>th</sup>**

#### **Enclosed forms for completion**

1. Welcome Letter
2. General Agreement ( Yellow form)
3. Authorization Form (Salmon form)
4. Information Sheet (Gold form)
5. Medication Form (Blue form)
6. Permission to Administer Medication (Blue form)
7. Power of Attorney (White form)
8. After-Care Enrollment Form (Pink form)
9. Video Game and Movie Permission Slip (Green form)
10. Allergy Form (White form)

This packet can be downloaded at

[www.aefschools.com](http://www.aefschools.com)

Just Click Forms



# AEF Camps

## Summer Camp Authorization Form

My son/daughter \_\_\_\_\_  
(Last Name) (First Name)

Has my permission, (providing that he/she has the approval of AEF Camps in each instance),

	YES	NO
A) To attend all field trips organized by the camp	<input type="checkbox"/>	<input type="checkbox"/>
B) To leave school at the end of the day with parents of other AEF campers	<input type="checkbox"/>	<input type="checkbox"/>
C) To leave camp at the end of the day with other AEF campers	<input type="checkbox"/>	<input type="checkbox"/>
D) To ride in a car driven by a parent or camp staff member. AEF camp carries insurance for its own vans/vehicles. We are not insured, however, to cover the transport of a camper by parents or staff members using their own vehicles.	<input type="checkbox"/>	<input type="checkbox"/>

### I Authorize AEF Camps

E) To furnish my name/home address/home or business telephone number to other parents at the school requesting such information	<input type="checkbox"/>	<input type="checkbox"/>
F) To furnish my home telephone number to other camper's requesting my child's telephone number	<input type="checkbox"/>	<input type="checkbox"/>
G) To access the internet for educational purposes	<input type="checkbox"/>	<input type="checkbox"/>

In whose care may we release the camper if parents cannot be located?

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Bus. Phone)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**\*\* Please see Indemnity on Reverse Side**

### Indemnity Form

This form needs to be signed only if you checked (yes) to question (D), and/or (G) on the front side of this form.

We, the undersigned \_\_\_\_\_ and \_\_\_\_\_

being the parents of \_\_\_\_\_

Confirm that:

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#### If yes to question (D)

We are aware that the school is not insured to cover the transport of any student by any parent or staff member of the school. We confirm that we have our own insurance coverage for this purpose.

We authorize AEF Schools to make arrangements for our child to be transported by a parent or a teacher of the school in respect of any field trip or daily transportation and confirm that we will hold AEF Schools harmless in the event of any injuries being sustained as a result thereof.

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#### If yes to question (G)

We are aware that while AEF does monitor students on the computer, and also has safety checks and blocks in place, we will not hold AEF responsible if our child unilaterally, or with another student/s, circumvents the AEF system to visit or view inappropriate material.

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Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## General Agreement Form- AEF Camps 2017

In this agreement, AEF Schools, Inc. is also referred to as "AEF" or AEF Camps. Subject to the terms, conditions, rules and regulations hereinafter set forth, and such rules and regulations as prescribed by AEF, the parent or guardian hereby enrolls the child in AEF Summer Program for the said term, and agrees to pay AEF the summer fees and charges in full, as set forth in the Summer Program application form.

1. The parents or guardians do hereby represent that they have familiarized themselves with the philosophy, rules, objectives, and program of AEF Summer Program, and are satisfied that their child is a suitable child for AEF Summer Program, and that there is no impairment because of the child's health, aptitude, behavior or personality whereby the child would be unsuitable for AEF Summer Program.
2. The parents or guardians do hereby give their permission to the staff of AEF Summer Program to seek and obtain at the parents' or guardians' expense such medical attention for their child which seems appropriate, in the event of sickness, illness or injury of the child, and do hereby release AEF Summer Program from any liability resulting from such medical attention.
3. The parents or guardians do hereby agree that they will be responsible for any loss, damage, or destruction by their child to any property of AEF Summer Program or to any property for which AEF Summer Program is liable or chargeable. Parents or guardians represent that their Child maintains the requisite maturity and responsibility to care for their own property or personal belongings.
4. The parents or guardians acknowledge that AEF Summer Program is not responsible for damage to or loss of personal belongings of their child.
5. The parents or guardians authorize AEF Summer Program to take their child off the premises for field trips and other outings at will.
6. Parents or guardians acknowledge, agree, and understand that AEF has no duties beyond supervising and attending to their Child in a reasonable manner, and agrees that AEF will not be responsible for the intentional, willful, grossly negligent or criminal acts of others.
7. Parents or guardians agree that AEF shall not be liable or responsible should Child commit any intentional, willful or other act which amounts to a crime and that in such case Parent/legal guardian shall have the sole responsibility of handling the matter and bears exclusive liability and associated costs.
8. Parent/Legal Guardian hereby acknowledges that they have been notified whether or not the activities involved in this Summer Camp are considered to be of 'high risk' to the participants. Undersigned agrees that its sole remedy related to any claim arising out of Child's attendance at Summer Camp is against the relevant amusement park, hotel, or other venue or person and hereby waives and releases AEF for any and all liability related thereto.
9. I/We the undersigned, hereby agree to indemnify and hold harmless AEF, its employees, volunteers, its governing board, the individual members thereof, and all other officers, agents and employees from any liability, lawsuit, cost, expense, or claim of any type whatsoever (including legal and attorney's fees) for any harm, injury, or death arising out of the above mentioned activity, all activities associated with the Summer Camp, as by signing I/We acknowledge I/We have been informed of, as a condition of my Child participating in the same..
10. The parents or guardians authorize AEF Summer Program to videotape or record their child and to use such material for behavior modification, staff training, professional workshops, and other therapeutic purposes.
11. The parents or guardians understand that AEF Summer Program may terminate the child's attendance at the Summer Program at any time, should AEF Summer Program, in its sole discretion, deem it to be in the best interests of the child, or the Summer Program, to do so. AEF Summer Program may, in addition, terminate the child's attendance as aforesaid should it determine, in its sole discretion, that the conduct of the parents or guardians is not in the best interests of the Summer Program.
12. The parents or guardians represent that the information provided to the Summer Program in consideration of their child's application is true and accurate, and that any misstatement or misrepresentation on any document shall be considered a misrepresentation, and grounds for dismissing the child from AEF.
13. The parents or guardians allow the staff and administration of AEF Summer Program to serve in loco parentis and as such to take any measures they deem necessary for the social, emotional and moral growth, well being and safety of their child, so long as the child is enrolled at AEF Summer Program.
14. The parents or guardians understand that there is no refund for late arrival or early departure from AEF Summer Program (irrespective of the reason), or if the child is dismissed because of disciplinary action. This also means that if a parent reserves a spot for their child and does not use that spot (irrespective of the reason or the amount of time i.e. one day, one week etc.) there is no refund. Parent/legal guardian acknowledges and agrees that limited spaces are available, their Child's reserved spot may prevent another from attending, and reservations, tickets, and advance payments by AEF are required which costs may not be recoverable. As such, upon enrollment, Parents or guardians hereby waive any claim to a refund of their deposit or monies paid for their Child's attendance at Summer Camp.
15. Any waiver of rights or cause of action by AEF Summer Program shall not be construed or interpreted as consent to waive, or minimize such rights or cause of action, or in any way prejudice the rights of AEF Summer Program in terms of this contract, nor shall the invalidity or unenforceability of any provision of this agreement affect the validity or unenforceability of any other provision.
16. Parents/Legal Guardian acknowledge receipt of all forms listed in the Face Sheet, attached hereto in packet form and incorporated herein by reference.
17. Any waiver of rights or cause of action by AEF shall not be construed or interpreted as consent to waive, or minimize such rights or cause of action, or in any way prejudice the rights of AEF in terms of this Agreement, nor shall the invalidity or unenforceability of any provision of this Agreement affect the validity or unenforceability of any other provision.

- 18. Either party's failure to perform any term or condition of this Agreement as a result of conditions beyond its control such as, but not limited to, war, strikes, fires, floods, traffic, delays, acts of God, governmental restrictions, power failures, or damage or destruction, shall not be deemed a breach of this Agreement.
- 19. In the event of AEF taking any action to recover money due for the Summer Camp, the person responsible for billing undertakes to reimburse to AEF all expenses incurred, including reasonable attorney's fees and court costs.
- 20. All claims actions or proceedings, legal or equitable against AEF must be commenced in court within 6 months after the cause of the action has occurred or the act, omission or event occurred from which the claim, action or proceeding arises, whichever is earlier, without judicial extension of time, or said action, claim or proceeding is barred, time being the essence of this paragraph.
- 21. The parent or guardian acknowledges that AEF has made no written, verbal, implied or any other type of guarantee or promise regarding Summer Camp.
- 22. In the event of AEF taking any action to recover money due for the Summer Program, the person responsible for billing undertakes to reimburse to AEF all expenses incurred, including reasonable attorney's fees and court costs.
- 23. All claims actions or proceedings, legal or equitable against AEF must be commenced in court within 6 months after the cause of the action has occurred or the act, omission or event occurred from which the claim, action or proceeding arises, whichever is earlier, without judicial extension of time, or said action, claim or proceeding is barred, time being the essence of this paragraph.
- 24. The parent or guardian acknowledges that AEF has made no written, verbal, implied or any other type of guarantee or promise regarding the success or improvement of the child.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

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Administrator on behalf of AEF

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Mother or Guardian or person responsible for fees

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Father or Guardian or person responsible for fees

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Print Name

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Print Name

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Address

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Address

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City State Zip

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City State Zip



# AEF Camps Information Form

Name of camper \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle Month Day Yr  
 Male  Female

**COMPLETE THIS SECTION ONLY IF PARENTS ARE DIVORCED OR SEPARATED**

To whom should reports, announcements, etc. automatically be sent?

Both parents       Mother only       Father only       Other \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Tel ( ) \_\_\_\_\_  
City State Zip

\_\_\_\_\_ Tel ( ) \_\_\_\_\_  
City State Zip

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Job Title \_\_\_\_\_

Job Title \_\_\_\_\_

Name of Firm \_\_\_\_\_

Name of Firm \_\_\_\_\_

Bus. Address \_\_\_\_\_

Bus. Address \_\_\_\_\_

\_\_\_\_\_ Tel ( ) \_\_\_\_\_

\_\_\_\_\_ Tel ( ) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

**In case of emergency, person and telephone number to notify other than the above:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel ( ) \_\_\_\_\_

Please indicate dietary issues, allergies or any health concerns the camper may have. \_\_\_\_\_

Is there any reason for applicant not taking part in physical education? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_ Date      \_\_\_\_\_ Father (Legal Guardian)      \_\_\_\_\_ Mother (Legal Guardian)

# AEF Camps

## Medication Form



My son/daughter \_\_\_\_\_  
(Last Name) (First Name)

- 1 Upon enrolling a camper at AEF, parents should furnish the school with a copy of the camper's medication prescription, along with the completed medication form.
  - 2 Parents will subsequently be given or mailed an appropriate supply of medication bags. (If additional bags are needed, parents should notify AEF).
  - 3 Parents must record (write) the following on each bag:
    - a Camper's name
    - b Name of medication
    - c Time for administering medication
    - d Dosage of medication
    - e Date of administering medication
  - 4 Parents must place the appropriate dosage of the respective medication in each bag.
  - 5 All filled and completed medication bags must be placed in a large envelope.
  - 6 The envelope must be furnished to AEF Schools Administration (with the child's name on the front).
  - 7 **IMPORTANT: THE STUDENT'S MEDICATION MUST BE GIVEN TO AEF FOR THE ENTIRE CAMP. IF MEDICATION IS NOT GIVEN TO AEF TO COVER THE FULL CAMP, THERE WILL BE A CHARGE OF \$30 FOR EACH ADDITIONAL TIME THAT PARENTS BRING IN MEDICATION. (Parents having a difficulty with this should contact the school office in ADVANCE).**
  - 8 Parents should enclose 5 extras of all medication in one of the furnished packets, to be kept at AEF as a precaution.
- \* **IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE SCHOOL IN WRITING IF THERE ARE ANY CHANGES IN MEDICATIONS, DOSAGES, OR TIMES OF ADMINISTRATION.**

**PLEASE DO NOT STOP, TERMINATE OR MODIFY YOUR CHILD'S MEDICATION WITHOUT CONSULTING AND NOTIFYING BOTH THE SCHOOL AND YOUR DOCTOR/PSYCHIATRIST. DOING SO MAY BE DETRIMENTAL TO YOUR CHILD.**

# AEF Camps

## Permission to Administer Medication



Name of child: \_\_\_\_\_

D.O.B.

Age

Medication prescribed by: \_\_\_\_\_

Telephone Number

I hereby give my permission to the staff at AEF Summer Program to dispense medication prescribed for my child.

**NAME OF MEDICATION**

**DOSAGE**

**TIME TAKEN**

	<b>NAME OF MEDICATION</b>	<b>DOSAGE</b>	<b>TIME TAKEN</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			

To be taken for the period (date) \_\_\_\_\_ to \_\_\_\_\_.

**Important: Please enclose a copy of the prescription**

The prescription medication **MUST** be given to AEF Camps in the plastic packages that AEF will provide the parents with (upon receipt of this form and on a monthly basis thereafter). Each package must state the name of the child, the name of the medication, the dosages, the dates to be taken, and the times to be taken.

Please indicate side effects if any \_\_\_\_\_

In the unlikely event of medication not being administered on time, please advise on the procedure to be followed.

I understand that no medication changes will be made unless AEF receives written authorization from the physician. Written authorization from the parents for decreases or termination of medication will be acceptable, but AEF reserves the right to confirm this with the physician.

\_\_\_\_\_  
Signature of parent / guardian

\_\_\_\_\_  
Date



**Please make sure you complete the reverse side of this form, even if not applicable**

Special Health Concern/s: \_\_\_\_\_

What are the symptoms? \_\_\_\_\_

What should be done? \_\_\_\_\_

Any other pertinent information may be recorded hereunder

I agree to leave additional (extra) medications for my child with the front office, even if medications are administered at home. In the event my child does not take his/her medication, the school will then be given permission to administer the medication from the extras. It is my responsibility to keep track of the extra medications on hand, and to restock as necessary. In the event extra medications run out and my child needs said medications, I agree to immediately pick up my child or to bring in a new set of medications.

I understand the dangers of making unilateral decisions regarding medications for my child. Failure to notify AEF of changes, increases, decreases, adjustments or terminations of medications (even for trial periods) may result in termination of my child's attendance. I also understand that any time I make a modification to my child's medication, I am obligated to complete a new "permission to administer medication" form.

\_\_\_\_\_  
Signature of parent / guardian

\_\_\_\_\_  
Date

# AEF Camps

**SPECIAL POWER OF ATTORNEY FOR:  
THE AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR**

I \_\_\_\_\_ of (Address) \_\_\_\_\_

City/Zip \_\_\_\_\_, do hereby state that I am the parent or legal guardian

of (name of minor) \_\_\_\_\_, born on (DOB) \_\_\_\_\_.

I hereby authorize a AEF Camps representative, along with the medical facility of their choice, to act in my capacity and to make any and all decisions regarding the care and treatment of any medical emergency for the above named minor, and to consent to any examination, care, treatment or procedure including, without limitation, surgery, examination, medications, anesthesia and/or hospital care to be rendered to the above named minor under the general or special supervision, and on the advice of any physician or surgeon licensed to practice medicine in the state of Florida.

Allergies to food or drugs \_\_\_\_\_

Significant med. History (asthma, seizures etc.) \_\_\_\_\_

Child's physician \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Parent/Guardian Tel: Home \_\_\_\_\_ Bus \_\_\_\_\_ Cell \_\_\_\_\_

Signature of Father \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother \_\_\_\_\_ Date \_\_\_\_\_

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

State of Florida  
County of \_\_\_\_\_

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My commission expires: \_\_\_\_\_  
(NOTARY PUBLIC)

PRINTED NAME OF NOTARY PUBLIC \_\_\_\_\_

PERSONALLY KNOWN TO ME \_\_\_\_\_  
PRODUCED IDENTIFICATION \_\_\_\_\_

TYPE OF IDENTIFICATION PRODUCED \_\_\_\_\_

# AEF Camps

## After Care Application Form



### Camp Information

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

Male / Female  
Circle appropriate gender

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip Code                      Phone ( )

\_\_\_\_\_  
Tel: Work                      Cell                      Tel: Work                      Cell  
Mother                      Father

\_\_\_\_\_  
Late Afternoon Emergency Name                      Emergency Number

### Rates for After Care Program

\$60 per week

- CAMPER WILL ATTEND:**
- |  |  |
|--|--|
| <input type="checkbox"/> WEEK 1: Jun 12- Jun 16  | <input type="checkbox"/> WEEK 2: Jun 19 - Jun 23 |
| <input type="checkbox"/> WEEK 3: Jun 26- Jun 30  | <input type="checkbox"/> WEEK 4: Jul 3 - Jul 7   |
| <input type="checkbox"/> WEEK 5: Jul 10 - Jul 14 | <input type="checkbox"/> WEEK 6: Jul 17- Jul 21  |
| <input type="checkbox"/> WEEK 7: Jul 24- Jul 28  | <input type="checkbox"/> WEEK 8: Jul 31 - Aug 4  |

Unless previously arranged, there will be additional charges of \$1 per minute (min\$15) if parent arrives after 5:30 p.m. (no exceptions).

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Date: \_\_\_\_\_

# AEF Camps

## Movie/Game Permission Slip



I hereby give \_\_\_\_\_ (Camper / Student name)

permission to watch / play / view the following:

Movies (please check the boxes you authorize your child to watch)

PG Movies

PG 13 Movies

R Movies

Video Games (please check the boxes your authorize your child to play / watch)

E (Everyone) video games

T (Teen) video games

M (Mature) video games

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Age

Campers Name \_\_\_\_\_

Date \_\_\_\_\_

Dear Parents:

Due to the facts that we often have snacks or food available during our Color War activities, special events, or offer campers treats as rewards, we would like to make sure we are aware of any and all dietary issues, allergies, or concerns the campers may have. We want to prevent any unforeseen situations from occurring. Please help us stay informed by filling out the information below:

Special Health, Allergies, and Dietary Concerns:

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What are the symptoms?

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What needs to be done?

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Any other information or comments:

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If you would like to give us some alternative treats or snacks for your child, please feel free to do so. Thank you!

AEF Camps

**ALTERNATIVE EDUCATION FOUNDATION, INC. d/b/a ALTERNATIVE EDUCATION FOUNDATION, AEF, AEF SCHOOLS, AEF PREPARATORY SCHOOL, AEF PREPARATORY HIGHSCHOOL, AEF PREPARATORY SCHOOLS, WESTHAM ACADEMY, AEF SUMMER CAMPS, AEF CAMPS**

**PARTICIPANT AGREEMENT, RELEASE OF LIABILITY, and ASSUMPTION OF RISK**

On behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate sign this Participant Agreement, Release of Liability, and Assumption of Risk (this "Agreement") in consideration of being permitted by ALTERNATIVE EDUCATION FOUNDATION, INC. to participate in their summer camp activities and to use its equipment and facilities, and their agents, owners, members, directors, officers, partners, contractors, employees, volunteers, participants, manufacturers, lessors, affiliates, its subsidiaries, related and affiliated entities, successors and assigns, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "AEF"), I hereby agree to **WAIVE, RELEASE, INDEMNIFY, HOLD HARMLESS AND DISCHARGE** AEF as follows:

1. I acknowledge that my participation in AEF Camps games or activities, including but not limited to, the field activities, water play activities, sports activities, gardening, and any other activities ("AEF Camps Activities") entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I also know that there are natural and environmental conditions, which independently or in combination with my activities, may cause severe or even fatal injuries to me or to others. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, but are not limited to:

Slipping and falling, collision with fixed objects or people, injuries that include: sprains, fractures, scrapes, bruises, cuts, dislocations, pinched fingers, and serious injuries to the head, back or neck; the negligence of other participants or myself; my own physical condition, gear malfunctioning or failure; and, physical contact with others.

Traveling to and from the activity locations raises the possibility of any manner of transportation accidents. Using any heavy or foreign equipment can be difficult to handle, and can cause serious injury. Climbing, running, use of equipment and/or gear, participating in athletics as a contact sport, are all dangerous and can cause serious injury and must be done at the participants own risk. In any event, if you or your child is injured, you or your child may require medical assistance, which you agree shall be at your own expense.

2. I agree to follow the rules of AEF Camps and to abide by their directions. I know of the risks involved in this participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while at AEF, with understanding of the risks involved. I expressly agree and promise to accept and assume all the risks existing in any AEF Camps activities. My participation in AEF Camps, and their activities, is purely voluntary and I elect to participate in spite of the expressly above-stated risks, and those not expressly stated, but that a reasonable person should anticipate as risks.

3. I hereby voluntarily waive, release, forever discharge, and agree to defend, indemnify and hold harmless AEF from any and all claims, demands, or causes of action, which I may have or may hereafter accrue to me, as a result of my participation in the above activities which are in any way connected to my participation in AEF Camps activities or my use of AEF equipment or facilities, **including any such claims that may arise out of the negligence of AEF and/or their employees.**

4. Should AEF or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify and hold harmless AEF for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage that I may cause or suffer while participation, or else I agree to bear the costs of such injury or damage solely myself. I further certify that I am willing to assume the risk of any medical or physical condition that I may have.

6. I agree to forever release, defend, indemnify and hold harmless AEF in the event they are made a party to a lawsuit as a result of my negligence on the property or at AEF Camps events or activities. Such shall include attorneys' fees in the event AEF is required to defend itself.

7. In the event that I file a lawsuit against AEF, I agree to solely in the state of Florida and I further agree that the substantive law of Florida shall apply in that action without regard to the conflict of the law rules of that state. I agree that any portion of this Agreement is found to be void or unenforceable; the remaining portions shall remain in full force and effect.

8. I agree as an adult participant, and/or the Parent/Legal Guardian of a minor participant, in consideration of being permitted to participate at AEF Camps, grant AEF the irrevocable right and permission to photograph and/or record me or my child(ren)/ward(s) in connection with AEF to use the photograph and/or recording for all purposes, including advertising and promotional purposes in any manner in any and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of the photograph and/or recording, and acknowledge and agree that the rights granted to this release are without any compensation of any kind. All photographs and/or recordings are exclusive to AEF.

**By signing this document, I acknowledge that if anyone is hurt or there is property damage during my participation in AEF Camps activities, I may be found by a court of law to have waived my or the minor participant's right to maintain a lawsuit against AEF on the basis of any claim from which I have released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Parent, Guardian, or Participant: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to  
Participant(s): \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Driver's License: \_\_\_\_\_

DOB: |\_\_| |\_\_| / |\_\_| |\_\_| / |\_\_| |\_\_| (MM/DD/YY)

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION**

**(Must be completed for participants under the age of 18)**

In consideration of the below printed minor(s) name(s) being permitted by AEF to participate in its AEF Camp activities and to use its equipment and facilities, I further agree if the participant is a minor, this Participation Agreement, Release of Liability, and Assumption of Risk Agreement (this "Agreement") is made on behalf of that minor participant and that all of the releases, waivers and promises herein are binding on that minor participant. I represent that I have full authority as Parent or Legal Guardian to bind the minor participant to this Agreement as well as agree to defend, indemnify and hold harmless AEF from any and all claims or suits for personal injury, property damage, or otherwise which are brought by, or on behalf of the minor, including those as a result of the negligence of AEF themselves and which are in any way connected with such use or participation by the minor, including injuries or damages caused by negligence of AEF, except injuries or damages caused by the sole gross negligence or willful misconduct of the party seeking indemnity.

Minor Name: \_\_\_\_\_ DOB(MM-YY) |\_\_/\_\_|

Minor Name: \_\_\_\_\_ DOB(MM-YY) |\_\_/\_\_|

Minor Name: \_\_\_\_\_ DOB(MM-YY) |\_\_/\_\_|

Minor Name: \_\_\_\_\_ DOB(MM-YY) |\_\_/\_\_|

**ALTERNATIVE EDUCATION FOUNDATION, INC. d/b/a ALTERNATIVE EDUCATION FOUNDATION, AEF, AEF SCHOOLS, AEF PREPARATORY SCHOOL, AEF PREPARATORY HIGH SCHOOL, AEF PREPARATORY SCHOOLS, WESTHAM ACADEMY, AEF SUMMER CAMPS, AEF CAMPS**

**4650 SW 61<sup>st</sup> Avenue, Davie, Florida 33314**