



OLYMPUS ACADEMY

ENROLLMENT AGREEMENT

RESIDENTIAL TREATMENT CENTER

FORMS & AGREEMENTS

INSTRUCTIONS: PLEASE REVIEW AND FULLY COMPLETE EACH OF THE FOLLOWING FORMS AND AGREEMENTS. IF YOU HAVE ANY QUESTIONS ABOUT ANY OF THE FORMS OR AGREEMENTS, PLEASE CONTACT OLYMPUS ACADEMY. ALL FORMS AND AGREEMENTS MUST BE FULLY COMPLETED AND SIGNED BEFORE THE STUDENT MAY BE ENROLLED.

Enrollment Agreement

Exhibit A - Tuition Financial Agreement

Exhibit B - Authorization for Release of Information

Exhibit C - Assignment I Release of Insurance Benefits

Exhibit D - Prescription Benefit Information

Exhibit E - Power of Attorney

Exhibit F - Release of Student School Records

Exhibit H - Commitment to Therapy

Exhibit G - Interstate Compact Placement Request

Exhibit H - Recreational Activity Release of Liability and Express Assumption of Risk Agreement

Exhibit I - Art Work and Picture, Likeness and Image, and Confidentiality Release

Exhibit J – Student Information

ADDITIONAL INFORMATION

PLEASE BRING THE FOLLOWING ITEMS UPON ENROLLMENT

- | | |
|--|--|
| A. Copy of Picture ID (Driver's License/School ID) | E. Official School Transcripts |
| B. Copy of Student's Social Security Card | F. Copy of Insurance Card |
| C. Copy of Student's Birth Certificate | G. Custody/Court Documents (if applicable) |
| D. Copy of Student's Immunization Record | |

TUITION & FEES SUMMARY

The following fees must be paid to Olympus Academy upon Student's admission:

- Tuition for the first thirty (30) and last thirty (30) days of treatment;
- Processing Fee of \$2,500; and
- Student account deposit of \$1,000

For complete details on tuition and fees, see **Exhibit A**, Tuition Financial Agreement.

(The **Original Enrollment Agreement** and **Tuition Financial Agreement** signed must be sent to the following address):
UPS, FedEx, or Regular Mail – Olympus Academy, LLC, 1500 East 2700 South, Hurricane, UT 84737

OLYMPUS ACADEMY ENROLLMENT AGREEMENT

In consideration of the mutual promises set forth in this Olympus Academy Enrollment Agreement ("Agreement"), Olympus Academy Residential Treatment Center ("Olympus Academy, LLC"), and the Sponsor (defined on the signature page) agree as set forth below. In this Agreement, each of Olympus Academy and the Sponsor may be referred to as a "Party" and may be collectively referred to as the "Parties."

1. **SPONSOR DELEGATION OF CUSTODIAL AUTHORITY.** The Sponsor affirms they are the legal parents or guardians of the Student (defined on the signature page) and that they expressly desire to enroll him/her in Olympus Academy's treatment program. The Sponsor agrees to temporarily delegate their parental or guardian powers regarding the care, custody and property of the minor-aged Student to Olympus Academy, as the Student's true and lawful Attorney-In-Fact, by signing the Power of Attorney included as **Exhibit D** to the Olympus Academy Enrollment Agreement. The Sponsor acknowledges that the Power of Attorney is only valid for a period of six (6) months according to Utah law, and the Sponsor agrees that if the Student's enrollment at Olympus Academy will extend for a period longer than six (6) months, one (1) month prior to the expiration of the Power of Attorney, the Sponsor will execute another Power of Attorney so that a Power of Attorney will be in effect for the entire duration of the Student's enrollment at Olympus Academy without lapse. The Student's continued enrollment at Olympus Academy is contingent upon the existence of a valid Power of Attorney and the timely receipt of additional Powers of Attorney from the Sponsor.

2. **OLYMPUS ACADEMY SERVICES.** Upon execution of this Agreement by the Parties and admission of the Student, as determined in the sole discretion of Olympus Academy, Olympus Academy agrees to provide the following general services to the Student: room and board, counseling and therapeutic services for the Student and Sponsor, educational and academic services, laundry services, nursing services, selected Student psychological and educational evaluations and assessments, personal Student supervision, supervised use of recreational equipment and facilities, supervised work experience as appropriate and/or necessary, and bookkeeping and clerical assistance with the Student's home school district or others on an as needed basis according to Olympus Academy's terms of services. Limited assistance with insurance and/or other agency forms or claim submission may be provided upon agreement by Olympus Academy. Olympus Academy agrees to provide the services to the Student and to operate the facility in compliance with applicable state and federal law.

3. **STUDENT TUITION, PROGRAM FEES and PROCESSING FEES.** In consideration for the services provided by Olympus Academy under this Agreement, the Sponsor agrees that they have read, understand, have completed, and have signed the Tuition Financial Agreement which is made part of this Agreement as **Exhibit A**, and that they agree to make timely payments to Olympus Academy of all program fees and processing Fees outlined in the Tuition Financial Agreement. Except as otherwise provided in this Agreement (or any Exhibit to this Agreement), Sponsor is financially obligated to pay all enrollment and program fees for the entire treatment period. Sponsor's total program fee obligations under this Agreement will be billed to Sponsor in monthly installments. Olympus Academy charges the full daily tuition rate for both the Admittance Date and Discharge Date. The program and Processing Fees cover only the services provided by Olympus Academy as described in Paragraph 2.

Olympus Academy will not release the official transcripts of the Student's academic credits until all amounts due to Olympus Academy under this Agreement have been paid in full.

4. **STUDENT ACCOUNT and NON-COVERED EXPENSES.** A Student Account will be maintained in

accordance with **Exhibit A** for the benefit of the Student to cover personal expenses and incidental costs and expenses incurred by the Student during his/her enrollment at Olympus Academy. The Sponsor agrees to maintain a sufficient monetary balance in the Student's Account to cover, and agrees that Sponsor is financially obligated to pay (in addition to all tuition, program, and processing fees) all expenses incurred by the Student while in treatment at the Olympus Academy facility that are not covered by the program fees or processing fee. The Sponsor understands and agrees that the following expenses, among others, are not covered by the program or processing fees: the costs associated with the transportation and escort of the Student to and from Olympus Academy upon admittance, discharge, and any approved home or third-party visits; costs of any property damage and/or personal injuries the Student causes to the person or property of the Olympus Academy facility, the Student (him/herself), other students, Olympus Academy employees, contracted professionals, or any visitors or third parties while the Student is in the custody of Olympus Academy or during any abandonment of the program by the Student; costs to locate a Student during an abandonment of the program; Olympus Academy's costs to collect on any delinquent amounts owed by the Sponsor under this Agreement, including but not limited to reasonable attorney's fees and court costs; the Student's personal expenses; medical, dental, and prescription medication expenses; clothing purchases; haircuts, escort fees (if applicable); other forms of commercial transportation (including reasonable costs of ground transportation) and staff escorts not associated with standard activities and programs of Olympus Academy; costs assessed by the community or public library for loss or damage of materials or other fees; and costs associated with the replacement of any lost or damaged materials or books checked out to the Student from Olympus Academy media center.

5. INSURANCE COVERAGE and ARRANGEMENTS with THIRD PARTIES. This Agreement is between Olympus Academy and Sponsor, and Sponsor is personally responsible for all program fees, processing fees, and Student costs incurred during the Student's enrollment at Olympus Academy. If an insurance provider will be covering all or part of the program, enrollment, or other fees, Sponsor shall be solely responsible to determine eligibility and pre-approval for such insurance benefits and to make all arrangements with the insurance provider to cover the costs. This may include Sponsor's need to, among other things, complete pre-certification medical treatment screenings or make billing arrangements with the applicable insurance company. The Sponsor will also be responsible to make arrangements with the Student's school district to transfer all relevant and applicable school records to Olympus Academy for the Student's continuing education. Olympus Academy may provide any of the above services in Olympus Academy's sole discretion upon the request of the Sponsor. Sponsor must make such request at the time the Student is admitted to Olympus Academy. Olympus Academy will only perform the services after the Sponsor has signed the "Assignment / Release of Insurance Benefits" which is **Exhibit C** to this Agreement.

6. STUDENT ADMITTANCE and DISCHARGE. Except as otherwise provided in this Agreement, the student will be admitted to Olympus Academy commencing on the Admittance Date listed on the signature page and is expected to remain in the Olympus Academy treatment program until the Discharge Date listed on the signature page (the "Contract Period"). In the event the Student attains age eighteen (18) years before completion of the agreed Contract Period, the Student's enrollment will end on his/her eighteenth (18) birthday unless the Student agrees, in writing, to continue his/her enrollment. If the Student remains in the program after the Contract Period, this Agreement will remain in effect until the Student is formally discharged from Olympus Academy.

7. STUDENT MAY BE DISCHARGED FOR ANY REASON. The Parties agree that Olympus Academy has the right to discharge the Student for whatever reason, as determined in the sole discretion of Olympus Academy, including but not limited to a determination that (a) the Student is not responding to treatment, (b) continued placement in the facility is not in the best interest of the Student, the Sponsor and/or Olympus Academy, or (c) the Student does not meet admission criteria after the initial assessment. Except as otherwise provided for in this Agreement, if Olympus Academy determines to discharge the Student, Olympus Academy agrees to notify the Sponsor of such intent at least five (5) days prior to discharge.

In the event Olympus Academy recommends early discharge of the Student due to clinical readiness, as determined in the sole discretion of Olympus Academy, his/her enrollment will end on a date mutually agreed upon by the Sponsor and Olympus Academy.

8. **EMERGENCY DISCHARGE.** Olympus Academy will notify the Sponsor as soon as reasonably possible in the event Olympus Academy determines, in its sole discretion, that an emergency discharge or transfer of the Student is necessary for the Student's own health or safety. The Student may continue enrollment in the Olympus Academy treatment program after the emergency situation has been resolved if, based on the clinical judgment of Olympus Academy, the health or safety of the Student will not be jeopardized by the Student's continued enrollment. At the time Olympus Academy relinquishes physical custody of the Student to the Sponsor or Sponsor's agent during an emergency discharge, the Sponsor will not incur any further Olympus Academy program fees or charges.

9. **ACTS OF GOD.** Olympus Academy is not responsible for damage to the Student's person or property resulting from Acts of God. "Acts of God" may include but are not limited to earthquakes, tornados, fires, floods, hurricanes, lightning strikes, power surges or any other accident that is not a result of the gross negligence of Olympus Academy. In the event any Act of God renders the Olympus Academy facility inoperable such that Olympus Academy may not continue to provide adequate care for the Student, Olympus Academy will notify the Sponsor as soon as reasonably possible after the occurrence of the emergency and the Sponsor will arrange for discharge and/or transfer within twenty-four (24) hours of such notification.

10. **STUDENT ABANDONMENT OF OLYMPUS ACADEMY FACILITY.** In the event of the Student's abandonment of Olympus Academy's program, Olympus Academy will contact the Sponsor as soon as reasonably possible. Student discharge will become official after seventy-two (72) hours from the time of the abandonment. The Sponsor may work with the Olympus Academy Clinical Director to determine the possibility of re-admission. The Sponsor remains financially responsible for all fees until the Student's abandonment becomes official.

11. **VOLUNTARY WITHDRAWAL OF STUDENT.** The Sponsor may withdraw the Student from the Academy at any time prior to the end of the Contract Period upon twenty-one (21) days written notice of the intent to withdraw the Student.

Should the Sponsor elect to withdraw the Student and the Sponsor fails to provide Olympus Academy the entire twenty-one (21) day notice, Olympus Academy reserves the right to charge program fees for twenty-one (21) days. The Sponsor is not required to provide advanced written notice for an early withdrawal of the Student in cases where the Sponsor's insurance company denies coverage, coverage terminates or benefits are exhausted during the Contract Period. In such cases, Olympus Academy and the Sponsor will arrange a timely discharge of the Student and the Sponsor will only be responsible to pay program fees through the date the Student is discharged.

12. **SPONSOR INFORMED CONSENT and ASSUMPTION OF THE RISKS.** By signing this Agreement and the Recreational Activity Release of Liability and Express Assumption of Risk Agreement, which is **Exhibit H** to this Agreement, the Sponsor is acknowledging and representing to Olympus Academy that they fully understand the dangers and risks to the Student associated with third-party custodial care, the services described in Paragraph 2, and the activities (including but not limited to recreational activities) and programs provided by Olympus Academy in connection with its treatment program and that Sponsor agrees to assume any and all such risks. Additionally, by signing this Agreement and **Exhibit H**, the Sponsor gives informed consent on behalf of the Student to participate in the Olympus Academy treatment program and all recreational activities made available to the Student through the treatment program and acknowledges that Olympus Academy is not designed or staffed to prevent student abandonment and is not liable in any way if the Student abandons Olympus Academy's program. The Sponsor also hereby acknowledges that they have had every

opportunity to ask and receive adequate answers in connection to make an informed decision for enrolling your son/daughter into Olympus Academy. The programs and activities in which the Student may participate, may include but are not limited to educational/therapeutic programs, work projects, testing and evaluations (including but not limited to pregnancy, drug and alcohol tests and psychological examinations), training programs, horseback riding, swimming, ropes course, snowmobiling, rappelling, rock climbing and other various forms of recreation and athletics. To the extent there is any conflict in the terms between this Agreement and **Exhibit H**, the terms of **Exhibit H** will govern.

13. SPONSOR WAIVER, RELEASE and INDEMNITY. In consideration of the enrollment of the Student and the services provided by Olympus Academy, the Sponsor individually (and jointly and severally as the case may be), and on behalf of the Sponsor's executors, administrators, heirs, relative, representatives, successors and assigns, agrees to: (a) waive, release and discharge Olympus Academy and its successors, assigns, parents, subsidiaries, affiliates, employees, managers, members, officers, directors, attorneys, agents and other representatives ("Released Parties") from any and all liability for the death, disability, illness or personal injury of the Student, or damage or theft of the Student's property, occurring while the Student is enrolled with Olympus Academy or during any period after the Student has abandoned Olympus Academy's program, whether occurring on or off the Olympus Academy campus, and covenants not to sue any of the Released Parties with regard to the same; and (b) protect, defend, hold harmless and indemnify each of the Released Parties from and against any and all claims, actions, causes of action, proceedings, suits, costs, liabilities, damages, and expenses, whether known or unknown (including but not limited to all direct, special, incidental, exemplary and consequently damages, and losses of any kind and attorneys' fees) based upon, resulting from and/or relating in any way to the Student's enrollment with Olympus Academy, including but not limited to any abandonment of Olympus Academy's program by the Student.

In addition to the waiver, release and indemnity above, the Sponsor has fully read, understands, and has signed the Recreational Activity Release of Liability and Express Assumption of Risk Agreement, which is **Exhibit H** to this Agreement, which provides an additional waiver, release, and indemnity in favor of Olympus Academy.

14. SPONSOR CONSENT TO SEARCH, RESTRAIN, and PROVIDE STUDENT DRUG SCREENINGS. Sponsor acknowledges that in the course of enrollment of the Student, and from time to time throughout Student's enrollment in the treatment program, it may be necessary to restrain the Student, perform searches of the Student's personal belongings to confiscate contraband, or to administer urinalysis or blood tests for drug screenings of the Student. The Sponsor hereby specifically consents to such activities as deemed necessary in the sole discretion of Olympus Academy.

15. UNAUTHORIZED EMPLOYEE ACTION. The Sponsor understands and agrees that Olympus Academy can only be responsible and/or liable for their employees to the degree that the employees operate within the scope of their employment and outlined job responsibilities. This does not relinquish the staff member from their individual liability for damages and/or prosecution for their actions outside of their constituted job duties or realm of employment. The Sponsor also acknowledges and agrees that Olympus Academy's standard policies and procedures for hiring employees are thorough and satisfactory to provide Olympus Academy adequate and reliable information upon which to make its hiring decisions. The Sponsor therefore agrees to hold harmless and release Olympus Academy and its successors, assigns, parents, subsidiaries, affiliates, members, officers, directors, attorneys, agents and other representatives (other than the employee who acted outside of the scope of his or her employment) from all liability or damages for any actions of Olympus Academy employees that act outside the training they have received or the scope of their constituted responsibilities or realm of their employment, and the Sponsor hereby waives any right to claim or make any claim against Olympus Academy for negligent hiring of employees.

16. **CONFIDENTIALITY.** All information related to the Student's participation in the Olympus Academy program, and all assessments, evaluations, reports, notes, and the like related to the Student are protected by federal HIPAA laws and will be held in strict confidence, provided however, that such information may be disclosed in accordance with applicable laws to Olympus Academy, its employees, and third-party service providers on a need to know basis.

17. **SPONSOR HAS READ, UNDERSTOOD, COMPLETED and SIGNED EXHIBITS.** The Sponsor understands that each of Exhibit A through Exhibit J accompanying this Agreement and included in the Olympus Academy Enrollment Agreement, which the Sponsor signs, is incorporated into this Agreement by reference, as if the complete terms of each such exhibit were drafted into the body of this Agreement. The Sponsor acknowledges to Olympus Academy that they have fully read and understand each exhibit, have fully completed the information required by each applicable exhibit and have signed each applicable exhibit. Although several of the exhibits are only applicable to certain sponsors and students, the following exhibits must be understood, fully completed, and signed for the Student to be admitted to Olympus Academy: Exhibit A, Exhibit B, Exhibit C (if insurance provider will be covering program fees), Exhibit D, Exhibit E, Exhibit F, Exhibit G (if the Student's primary residence is outside the State of Utah), Exhibit H, Exhibit I, and Exhibit J.

18. **UTAH LAW GOVERNS THIS AGREEMENT.** This Agreement shall be governed by and construed in accordance with the laws of the State of Utah. The parties hereto agree that all actions or proceedings arising in connection with this Agreement shall be tried and litigated only in the state and federal courts located in Washington County, State of Utah. If any portion hereof is held invalid, the balance shall continue in full legal force and effect. Failure of the Parties to enforce any term or provision of this Agreement shall not constitute or be construed as a waiver of such term or provisions or right to enforce the same. If any provision of the Agreement is construed to be overbroad as written, the remaining provisions shall remain enforceable.

19. **MISCELLANEOUS.** The Sponsor hereby acknowledges that the Sponsor has read this Agreement and understands and consents to its provisions. This Agreement and all documents (a) referenced herein, (b) accompanying this Agreement or attached hereto as an exhibit, or (c) included as part of the application packet constitute the entire Agreement between the Parties. All obligations of the Sponsor under this Agreement are joint and several, as the case may be. Except as otherwise stated herein, this Agreement cannot be modified except by mutual written agreement of the Parties.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the ____ day of _____, 20__.

Sponsor Signature (Father/Guardian)

Sponsor Signature (Mother/Guardian)

Print Sponsor Name (Father/Guardian)

Print Sponsor Name (Mother/Guardian)

Student: _____
Print Student Name

Student DOB: _____
Student Date of Birth Month/ Day / Year

Admittance Date: _____
Month / Day / Year

Discharge Date: _____
Month / Day / Year

If the Student is 18 years of age or older, the Student, in addition to the Sponsor, agrees to the terms of this Agreement by signing below.

Student Signature (if over 18)

.....
To be completed by Olympus Academy Representative

Signature of Authorized Olympus Academy Representative

Print Authorized Olympus Academy Representative Name



OLYMPUS ACADEMY
TUITION FINANCIAL AGREEMENT

The undersigned Sponsor agrees to pay Olympus Academy under the terms of this Tuition Financial Agreement. Any capitalized terms not defined in this Tuition Financial Agreement shall have the meaning given to them in the Olympus Academy Enrollment Agreement.

1. **PROCESSING FEE.** One-time non-refundable fee of **\$2,500.00** ("Processing Fee").

2. **PROGRAM FEES.** Unless otherwise provided in this Tuition Financial Agreement, the cost of Regular Tuition Program Fees is **\$1,200.00** per day. Tuition begins on the first day of the Student's arrival, known as the Admittance Date, and ends on the Student's graduation date, also known as the Discharge Date. The Sponsor agrees to pay the regular daily rate while the student is on leave for a home pass or other similar absence. Insurance or third-party payer rates are at the tuition cost listed above. In some limited cases, Olympus Academy may, in its sole discretion, charge a program fee rate for Cash/Self-Pay Sponsors of up to **\$217.00** per day, according to contract period option detailed below. If Olympus Academy agrees to extend the Cash/Self-Pay rate to a Sponsor, the Cash/Self-Pay rate shall only apply if the Sponsor pays the discounted fee from its own funds and not from the funds of a third-party payer or insurance provider. If a Student is removed from or abandons Olympus Academy before the Discharge Date, program fees will end twenty-one (21) days from the date the Student is removed or is deemed to have abandoned the program, unless the Sponsor has provided Olympus Academy twenty-one (21) days written notice of their intent to withdraw the Student from Olympus Academy, in which case the program fees will end on the date the Student is discharged.

3. **CASH/SELF-PAY DISCOUNT RATE CONTRACT PERIOD.** The Cash/Self-Pay Discount rates are for the following contractual Enrollment Periods, (if Sponsor elects the Cash/Self-Pay instead of the Regular Tuition, then select one (1) of the Enrollment Periods below). After the applicable contractual period has expired, this Agreement will automatically convert to a month-to-month contract rate according to the initial Enrollment Period amount. Upon the conversion to a month-to-month contract, the Sponsor will be required to provide the Academy with a 30 day cancellation notice to terminate the month-to-month contract. *The discount rates apply to Cash/Self-Pay Sponsors only!
 - ___ **Three (3) month** Enrollment Period – the 3 month Enrollment Period is **\$217.00 per day** / \$6,500 per month
 - ___ **Six (6) month** Enrollment Period – the 6 month Enrollment Period is **\$200.00 per day** / \$6,000 per month
 - ___ **Nine (9) month** Enrollment Period – the 9 month Enrollment Period is **\$185.00 per day** / \$5,500 per month
 - ___ **Twelve (12) month** Enrollment Period – the 12 month Enrollment Period is **\$167.00 per day** / \$5,000 per month

3. **HOME TRANSITION-DISCHARGE SERVICE FEE.** Olympus Academy's Home Transition-Discharge Service is based on the Academy's outpatient treatment (I.O.P.) services, utilizing off-campus therapeutic treatment, as well as individual, group, and family therapy sessions incorporating hands-on therapeutic activities. The cost of the Home Transition-Discharge Service will either remain at the selected rate of the Cash/Self-Pay Discount Rate according to Enrollment Period, or the Home Transition-Discharge Service Fee rate of \$800.00 per day. The Home Transition-Discharge Service is a highly recommended part of the program which helps a student and parent/guardian work together for effective reunification during the student's transition period. We at Olympus Academy expect parent/guardian (Sponsor) to commit to the completion of the Home Transition-Discharge Service in order to ensure your Student's smooth transition into his/her environment when returning home.

4. **STUDENT ACCOUNT.** Olympus Academy will maintain an account for the student to cover the Student's incidental fees and personal expenses the Student may incur during his/her enrollment at Olympus Academy ("Student Account"). Upon enrollment, an initial deposit of \$1,000.00 shall be made into the Student Account ("Student Account Deposit"). The initial deposit may be made by check or credit card; however, a credit card must be kept on file for future deposits into the Student Account. Sponsor will receive a monthly statement outlining the personal expenses incurred by Student during the previous month. After the statement has been mailed, Olympus Academy will charge the Sponsor's credit card for the personal expenses incurred by the Student during the previous month. Any unused portion of the Student Account will be refunded to Sponsor upon Student's discharge from Olympus Academy.

5. **FEES PAID UPON ADMISSION.** At the time of admission, the Sponsor agrees to (a) pay the applicable program fees for the first thirty (30) and last thirty (30) days of treatment, (b) pay the Processing Fee, and (c) make the Student Account Deposit. Student will not be admitted to Olympus Academy if such fees are not paid in full at the time of admission.

6. **MONTHLY PROGRAM FEES.** The Sponsor shall pay Olympus Academy program fees for treatment and services the Student is to receive during the month immediately following the payment due date. **Payment of tuition program fees is due the first (1st) day of each month.** The Sponsor will be billed on or around the twentieth (20th) day of each month for the subsequent month of treatment. During the Sponsor's first and last billing cycles, if the Student is only to receive treatment and services from Olympus Academy for part of that billing cycle, the program fees charged during the billing cycle will reflect that number of days in the billing cycle the Student is to receive services.

7. **LATE PAYMENTS AND PENALTIES.** Payments received more than fifteen (15) days after the due date will be assessed a late penalty fee of \$50.00. In addition, interest at an annual rate of 19% compounded daily, or the maximum rate permitted by applicable law, will be assessed on the unpaid balance (including late fees) commencing on the due date.

8. **METHODS OF PAYMENT.** Fees may be paid by check or credit card. Payments made by check through the mail should be made and sent as follows:

Make check payable to:	Olympus Academy, LLC
Mail payments to:	Olympus Academy 1730 S. Arabian Way Washington, Utah 84780

As a second option, payments can be made by credit card through a private and secure online account at www.xpressbillpay.com. A \$200 convenience fee is charged for each online payment. Tuition billing statements can be viewed online (regardless of payment method) through your account at this website address.

9. **COLLECTION COSTS.** The Sponsor agrees to pay Olympus Academy for all collection costs incurred in connection with any amounts due under this Tuition Financial Agreement, including but not limited to reasonable attorneys' fees and court costs. All obligations of the Sponsor hereunder shall be joint and several, as the case may be.

10. **CREDIT CARD DEPOSIT.** The Sponsor shall provide Olympus Academy a valid credit card number with available credit at the time of admission. In the event that tuition program fees are not paid within thirty (30)

days after the due date, Sponsor hereby authorizes Olympus Academy to charge the past due amount, including late fees, to the credit card provided by the Sponsor.

11. **REFUNDS.** Within two weeks after graduation/discharge of student, if applicable, a refund will be issued for fees paid in excess of amounts owed. The refunded balance due will be calculated to include any Student Account surplus and to be reduced by any Student Account deficit balance and amounts owed.

Sponsor Credit Card (Authorization given to be used for late tuition payments and Student Account expenses)

CREDIT CARD TYPE	☐ Visa ☐ Mastercard	
NAME ON CREDIT CARD		
CREDIT CARD NUMBER		
SECURITY CODE		
EXPIRATION DATE		
CARD BILLING ADDRESS AND ZIP CODE		
SPONSOR (PARENT OR GUARDIAN) PRINTED NAME		
SPONSOR (PARENT OR GUARDIAN) PRINTED NAME		
STUDENT (PRINTED NAME)		
ENROLLMENT PERIOD		
☐ CASH/SELF-PAY COST PER DAY	☐ REGULAR TUITION COST PER DAY	
(If Cash/Self-Pay is chosen, select 1 Enrollment Period below.) _____ Three (3) month Enrollment Period - \$217.00 per day _____ Six (6) month Enrollment Period - \$200.00 per day _____ Nine (9) month Enrollment Period - \$185.00 per day _____ Twelve (12) month Enrollment Period - \$167.00 per day	\$1,200.00	
The undersigned hereby authorizes Olympus Academy to initiate charges against the undersigned's credit/debit card according to the terms of this Tuition Financial Agreement, specifically for late tuition charges and for Student's monthly personal expenses. The undersigned acknowledges this authority will remain in effect so long as the Student is enrolled at Olympus Academy.		

IN WITNESS WHEREOF, the undersigned have executed this Tuition Financial Agreement this _____ day of _____, 20____.

Sponsor Signature (Father/Guardian)

Sponsor Signature (Mother/Guardian)

Signature of Authorized Olympus Academy Representative

OLYMPUS ACADEMY
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, am ☐ the legal parent or guardian (Guardian) of the Patient named below; ☐ the Patient named below (if Student is 18 or older).

Patient Name ("Patient")**Date of Birth****SSN**

I do hereby freely, voluntarily, and without coercion, authorize and direct each of the following health care providers ("Providers") to disclose and deliver the Patient's health information during the term of this authorization to Olympus Academy Residential Treatment Center ("Olympus Academy"):

Health Care Provider**Address****Phone**

Deliver Records and Information to:

Olympus Academy Residential Treatment Center
 1500 East 2700 South
 Hurricane, Utah 84737
 Attention: Office Management
 Phone: (435) 215-1991

This authorization permits the above Providers to disclose and deliver the following records to Olympus Academy:

- ☐ All of Patient's health information that the Provider has in his or her possession, including but not limited to information relating to Patient's medical history, mental or physical condition, any treatment received by the Patient, dates of treatment, social, psychiatric, and/or substance abuse diagnoses, immunizations, prognosis, counseling, school records, and/or therapy contained in the Patient's medical records.

- ☐ All of Patient's health information described above except for the following:

☐ Only the following records or types of health information for the approximate date(s) of service:

- | | |
|---|--|
| ☐ Discharge Summary | ☐ Psychosocial History |
| ☐ Physician Orders | ☐ Clinical/Nursing Staff Progress Notes |
| ☐ Physician Progress Notes | ☐ Psychiatric Evaluation |
| ☐ History and Physical Examination | ☐ Medication Administration Records |
| ☐ Laboratory/Radiological Reports | ☐ Consultation Reports |
| ☐ Psychological Testing | ☐ Other _____ |

This authorization is valid for two (2) years from the date signed. This consent is subject to revocation in writing by the undersigned at any time addressed to the Provider, except and to the extent that action has been taken in reliance thereon. You understand that some disclosures may have been made prior to revocation. You further understand that you may refuse to sign this Authorization, and Provider cannot refuse to provide treatment, payment or deny eligibility to the Patient for benefits based upon your refusal. You understand that if the persons or agencies authorized to receive this information are not health plans or health care providers, the released information may no longer be protected by federal privacy laws and they may re-disclose it to someone else. If the information about the Patient is released related to substance abuse treatment, the records are protected by federal confidentiality laws and Olympus Academy is prohibited from making further disclosures of this information without your specific written authorization or as permitted by 42 CFR Part 2. Federal law restricts using this information for criminal investigation or prosecution.

Signed and agreed to this _____ day of _____, 20____.

Guardian Signature

Patient Signature (if applicable)

Print Guardian Name

Relationship to Patient

Signature of Authorized Olympus Academy Representative (Witness)

OLYMPUS ACADEMY
ASSIGNMENT / RELEASE OF INSURANCE BENEFITS

_____, the legal parent or guardian ("Sponsor"), of _____ ("Student"), hereby authorize Olympus Academy Residential Treatment Center ("Olympus Academy, LLC"), to furnish my designated insurance carrier all information regarding the current medical condition, illness or injury of the Student. I further authorize benefits under this claim to be made payable directly to Olympus Academy. I understand that I am financially responsible to Olympus Academy for any charges not covered by this authorization or my insurance policy.

PRESCRIPTION BENEFIT INFORMATION

In the interest of providing a standardized medication management system for individuals, and to improve the quality and safety of medication processes and care for its students, Olympus Academy contracts with a pharmacy vendor; to supply medications. The Sponsor hereby authorizes Olympus Academy to access prescription coverage for the Student.

In the interest of providing the necessary and appropriate medical care for the student, the Sponsor, or Student if 18 years of age, hereby authorizes Olympus Academy to access medical, dental, and vision coverage for the Student at the provider or facility of our choice. Parents input of provider and facility choice will be taken into consideration when possible and appropriate. In the event that the provided insurance does not cover any prescriptions, medical treatment, or medical supplies or equipment that is necessary to care for the student, I am providing a credit card number listed below to bill me for the excess cost. I, the undersigned legal parent or guardian of the Student, understand and agree that I am financially responsible for the cost of all medications, medical treatment, medical supplies and equipment not covered under my insurance benefits plan.

STUDENT SSN	
PRIMARY INSURANCE	
INSURED'S NAME	
INSURED'S SSN	
INSURED'S DOB	
EMPLOYER NAME AND ADDRESS	
GROUP/POLICY#	
PHONE NUMBER (INSURANCE)	

SECONDARY INSURANCE	
INSURED'S NAME	
GROUP/POLICY#	
PHONE NUMBER (INSURANCE)	
INSURED'S SSN	
INSURED'S DOB	
EMPLOYER NAME AND ADDRESS	

Sponsor Credit Card (to be used for payment of any and all medical copayments, balances not paid for by insurance coverage, pharmacy prescriptions, medical supplies and equipment as noted above in this section)

CREDIT CARD TYPE	☐ Visa ☐ Mastercard
NAME ON CREDIT CARD	
CREDIT CARD NUMBER	
SECURITY CODE	
EXPIRATION DATE	
CARD BILLING ADDRESS AND ZIP CODE	

Signed and agreed to this _____ day of _____, 20____.

Sponsor Signature (Father/Guardian)

Sponsor Signature (Mother/Guardian)

If the Student is 18 years of age or older, the Student, in addition to the Sponsor, agrees to the terms above by signing below.

Student Signature (if over 18)

OLYMPUS ACADEMY
POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS, that _____, the legal parent(s) or court-appointed guardian(s) ("Sponsor"), residing at _____ make, constitute, and appoint Olympus Academy, LLC, a Utah corporation, operating as a Residential Treatment Center, and its authorized employees and agents ("Olympus Academy"), located at 1500 East 2700 South, Hurricane, Utah 84737, to be the true and lawful attorney-in-fact for _____, who was born on _____, ("Student"), for the purpose of providing custodial care and educational and clinical services.

The Sponsor hereby delegates to Olympus Academy all the Sponsor's powers regarding care, custody and property of the Student that the Sponsor has as a parent or guardian, except the power to consent to marriage or adoption, as permitted by Utah law. Without limiting or qualifying the general Power of Attorney delegated and assigned by the Sponsor in the paragraph above, the Sponsor specifically grants Olympus Academy the following powers:

1. To provide or obtain any medical treatment and hospital care and to authorize a physician to perform any and all procedures that may appear to be medically necessary for the well-being of the Student, including without limitation the implementation of life-sustaining procedures, as determined in the sole discretion of Olympus Academy;
2. To obtain medical records or information (including any of the Student's individually identifiable health information and medical records regarding his/her past, present, or future medical or mental health condition, as well as any information or records governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the regulations promulgated thereunder) from any physician or other medical provider who has treated or consulted with the Student at any time, or from any other person who for whatever reason has access to or possession of such records, and to execute releases therefore;
3. To guide and discipline the Student as deemed necessary and reasonable by Olympus Academy in its sole discretion (not to include corporal punishment);
4. To physically restrain the Student should he/she become a danger to him/herself, or anyone else, as deemed necessary by Olympus Academy and its employees in their sole discretion;
5. To allow the Student to participate in various activities which may commonly risk physical injury, including but not limited to traveling, horseback riding, swimming, boating, waterskiing, snow skiing, hiking, biking, contact sports, four-wheeling, snowmobiling, sledding, camping, ropes course, rappelling, rock climbing and other various forms of recreation and athletics in addition to various experiential therapies;
6. To pursue all reasonable options to find and detain the Student upon his/her abandonment of the Olympus Academy program, as determined in the sole discretion of Olympus Academy.

This Power of Attorney lasts even in the event of the Sponsor's disability and shall be effective until the earlier of (a) six (6) months from the date hereof or (b) the discharge of the Student from Olympus Academy. The signature of an authorized agent of Olympus Academy,

as the attorney-in-fact, indicating acceptance of the delegation of Power of Attorney and concomitant responsibility for the care of the Student follows.

IN WITNESS WHEREOF, Sponsor has executed this Power of Attorney as of the ____ day of _____, 20__.

Guardian #1:

Guardian Signature ☐ Father ☐ Mother ☐ Guardian

Print Guardian Name

NOTARY:

I certify that on this ____ day of _____, 20__

_____, who is known to me or who presented satisfactory identification, has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

(Notary Seal)

Name: _____

Guardian #2:

Guardian Signature ☐ Father ☐ Mother ☐ Guardian

Print Guardian Name

NOTARY:

I certify that on this ____ day of _____, 20__

_____, who is known to me or who presented satisfactory identification, has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

(Notary Seal)

Name: _____

Olympus Academy Representative

Signature of Authorized Olympus Academy Representative

Olympus Academy Representative Position

**OLYMPUS ACADEMY
RELEASE OF STUDENT SCHOOL RECORDS**

	REQUESTING SCHOOL	SENDING SCHOOL
SCHOOL	Olympus Academy	
STREET ADDRESS	1500 East 2700 South	
CITY	Hurricane	
STATE, ZIP CODE	Utah, 84737	
PHONE NUMBER	435-215-1991	
FAX NUMBER	801-386-5482	

Student Name**Date of Birth****SSN**

Does this student have an active IEP? ___Yes ___No

The Olympus Academy School hereby requests the release of education records for the student identified above who recently enrolled in Olympus Academy School in the _____ grade. I hereby request the release of the following school records to be sent to Olympus Academy:

1. Transcripts
2. Withdrawal Grades (include any incomplete classes, if applicable)
3. Special Education Records (include any counseling information)
4. Any additional information which would be of assistance in placing this student

Dated: _____

Signature of Authorized Olympus Academy Representative_____
Olympus Academy Representative Position

Utah State and Federal Law do not require a guardian's signature for educational records to be sent to officials of another school or school system where the student seeks or intends to enroll; if Student is transferring from outside the State of Utah, a parent or guardian should sign below.

Dated: _____

Guardian Signature ☐ Father ☐ Mother ☐ Guardian_____
Print Guardian Name

**OLYMPUS ACADEMY
COMMITMENT TO THERAPY**

Olympus Academy expects the parent(s) or guardian(s) (Sponsor) to be involved with the Student's admission. At Olympus Academy we expect parents (Sponsor) to take treatment seriously and make appropriate accommodations for therapy. If the treatment team concludes that family involvement is not occurring, Olympus Academy reserves the right to arrange discharge of the Student.

As the Sponsor, I commit to attend all family weekends and make available reasonable time for weekly family therapy.

Signed this ____ day of _____, 20__

Sponsor Signature (Father/Guardian)

Sponsor Signature (Mother/Guardian)

Signature of Authorized Olympus Academy Representative

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST

TO:

FROM:

SECTION I - IDENTIFYING DATA			
Notice is given of intent to place - Name of Child:		Ethnicity: Hispanic Origin: ☐ Yes ☐ No ☐ Unable to determine/unknown	
Social Security Number:		Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian/ Other Pacific Islander ☐ Black or African American ☐ White	
Sex:	Date of Birth:	ICWA Eligible ☐ Yes ☐ No Title IV-E determination ☐ Yes ☐ No ☐ Pending	
Name of Mother:		Name of Father:	
Name of Agency or Person Responsible for Planning for Child:			Phone:
Address:			
Name of Agency or Person Financially Responsible for Child:			Phone:
Address:			
SECTION II - PLACEMENT INFORMATION			
Name of Person(s) or Facility Child is to be placed with:			Soc Sec # (optional): Soc Sec # (optional):
Address:			Phone:
Type of Care Requested: ☐ Foster Family Home ☐ Group Home Care ☐ Child Caring Institution		☐ Residential Treatment Center ☐ Institutional Care-Article VI, Adjudicated Delinquent ☐ Parent ☐ Relative (Not Parent) Relationship: _____ ☐ Other: _____	
☐ ADOPTION ☐ IV-E Subsidy ☐ Non IV-E Subsidy To Be Finalized In: ☐ Sending State ☐ Receiving State			
Current Legal Status of Child: ☐ Sending Agency Custody/Guardianship ☐ Parent Relative Custody/Guardianship ☐ Court Jurisdiction Only ☐ Protective Supervision ☐ Parental Rights Terminated-Right to Place for Adoption ☐ Unaccompanied Refugee Minor ☐ Other: _____			
SECTION III - SERVICES REQUESTED			
Initial Report Requested (if applicable): ☐ Parent Home Study ☐ Relative Home Study ☐ Adoptive Home Study ☐ Foster Home Study		Supervisory Services Requested: ☐ Request Receiving State to Arrange Supervision ☐ Another Agency Agreed to Supervise ☐ Sending Agency to Supervise	
		Supervisory Reports Requested: ☐ Quarterly ☐ Semi-Annually ☐ Upon Request ☐ Other: _____	
Name and Address of Supervising Agency in Receiving State:			
Enclosed: ☐ Child's Social History ☐ Court Order ☐ Financial/Medical Plan ☐ Other Enclosures ☐ Home Study of Placement Resource ☐ ICWA Enclosure ☐ IV-E Eligibility Documentation			
Signature of Sending Agency or Person:			Date:
Signature of Sending State Compact Administrator, Deputy or Alternate:			Date:
SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC			
☐ Placement may be made ☐ Placement shall not be made			
REMARKS:			
Signature of Receiving State Compact Administrator, Deputy or Alternate:			Date:

DISTRIBUTION (Complete six (6) copies):

- Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:
- Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one (1) copy to sending Compact Administrator, DCA, or alternate within 30 days.
- Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
REPORT ON CHILD'S PLACEMENT STATUS

TO:

FROM:

SECTION I - IDENTIFYING INFORMATION

Child's Name: _____ Birthdate: _____
Mother's Name: _____ Father's Name: _____

SECTION II - PLACEMENT STATUS

☐ Initial Placement of Child in Receiving State Date Child Placed in Receiving State: _____
Name of Resource: _____
Address: _____
Type of Care: _____
☐ Placement Change Effective Date of Change: _____
Name of Resource: _____
Address: _____
Type of Care: _____

SECTION III - COMPACT PLACEMENT TERMINATION

☐ Adoption Finalized ☐ In Sending State ☐ In Receiving State ☐ Court Order Attached
☐ Child Reached Majority/Legally Emancipated
☐ Legal Custody Returned to Parent(s) ☐ Court Order Attached
☐ Legal Custody Given to Relative ☐ Court Order Attached
Name: _____ Relationship: _____
☐ Treatment Completed
☐ Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State
☐ Unilateral Termination
☐ Child Returned to Sending State
☐ Child Has Moved to Another State
☐ Proposed Placement Request Withdrawn
Name of Placement Resource: _____
☐ Approved Resource Will Not Be Used for Placement
Name of Approved Placement: _____
☐ Other (Specify): _____

Date of Termination: _____

SECTION IV - SIGNATURES

Person/Agency Supplying Information: _____ Date: _____

Compact Administrator, Deputy or Alternate: _____ Date: _____

DISTRIBUTION (Complete four (4) copies of this form):

- Sending Agency retains a (1) copy and forwards completed original plus three (3) copies to:
- Sending Compact Administrator, DCA, or alternate retains one (1) copy and forwards two (2) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate retains one (1) copy and forwards one (1) copy to the receiving agency

OLYMPUS ACADEMY
RECREATIONAL ACTIVITY RELEASE OF LIABILITY AND EXPRESS ASSUMPTION OF RISK AGREEMENT

BY SIGNING THIS AGREEMENT YOU, THE UNDERSIGNED PARTICIPANT (OR GUARDIAN OF PARTICIPANT), ARE WAIVING CERTAIN LEGAL RIGHTS. PLEASE READ THE AGREEMENT IN ITS ENTIRETY AND BE CERTAIN YOU UNDERSTAND ITS IMPLICATIONS BEFORE SIGNING.

The following undersigned individuals being either (a) an individual of at least 18 years of age, or (b) the parent or guardian of a minor child ("Guardian"), do hereby affirm and acknowledge that they have been fully informed of the inherent hazards and risks associated with the recreational activities offered or sponsored by Olympus Academy Residential Treatment Center ("Olympus Academy"), in which they may participate. Each of the parents or guardians, the minor child, or the adult student is referred to herein as a "Participant." As referred to in this agreement, "Activity" includes but is not limited to such recreational activities as horseback riding, river rafting (Class 3 or lower), swimming, boating, waterskiing, snow skiing, hiking, biking, contact sports, four-wheeling, snowmobiling, sledding, camping, ropes course, rappelling, rock climbing and other various forms of recreation and athletics in addition to various experiential therapies. Such activities include transportation to and from the Activity sites and the use of equipment related to the activity. **In consideration for being permitted to participate in any way in any Activity, Participant and/or Guardian hereby agrees, acknowledges and appreciates that:**

1. Participant and/or Guardian acknowledge and agree that the Activities involve various inherent risks and may be extremely hazardous and that these risks are impossible to eliminate fully by even the most prudent and careful conduct on the part of Olympus Academy. Participant and/or Guardian expressly covenant that Participant's participation in any Activity is of Participant's own free will and Participant and/or Guardian assume all risk associated with such participation. **Inherent hazards and risks include but are not limited to:**

- a. Significant injuries, including the potential for serious physical and/or mental trauma or injury, including but not limited to broken bones, concussions and other head-related injuries, loss of limb, paralysis and even death;
- b. Minor injuries, including but not limited to sprains, bruises, bumps, cuts, abrasions and whiplash;
- c. Injury resulting from Participant's fatigue, dizziness or lack of physical coordination;
- d. Injury resulting from Participant's inability to follow instructions or act in a manner consistent with Participant's abilities;
- e. Injury to person or property resulting from Participant's own negligence and/or the negligence of others, including employees, agents, volunteers, independent contractors or representatives of Olympus Academy, including but not limited to operator error and guide decision-making errors, which may include misjudging terrain, rapids, weather, trails or route location;
- f. Risk of equipment failure and/or malfunction;
- g. Natural hazards including but not limited to surface or subsurface conditions of the property surrounding the site of the Activity;
- h. Risks inherent in outdoor Activities, including but not limited to impact of the body upon the water, injection of water into body orifices, encountering or collision with objects either natural or man-made, and attacks by or encounters with insects, reptiles and/or animals;
- i. Risks inherent in handling trained animals, especially horses, including the propensity for animals to behave in dangerous ways that may result in injury to Participant regardless of the animal's previous training and past performance, including the propensity to run, buck, bite, kick, shy, stumble, rear, trample, scratch, peck, fall,

make unpredictable movements, spook, jump, butt, step on a person's feet, push or shove, all without warning or apparent cause;

- j. Risks associated with exposure to outdoor elements, including but not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied temperature and all other natural conditions;
- k. Risks associated with exposure to cold or hot weather, including but not limited to frostnip, frostbite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration; and
- 1. Risks associated with accidents or illnesses that occur in remote places where there are no available medical facilities.

Participant and/or Guardian understands that the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness or death to Participant.

2. Participant and/or Guardian willingly agree to comply with all rules established by Olympus Academy while participating in any Activity. Participant will not endanger others or Participant's own person while participating in any Activity. If Participant observes any hazard or unusual or dangerous behavior of any other participant, Participant will bring it to the attention of Olympus Academy.

3. Participant has no physical or medical condition that, to Participant's and/or Guardian's knowledge, would endanger others or Participant if Participant were to participate in any Activity. Participant and/or Guardian, as applicable, hereby consent to medical treatment that is deemed advisable in the event of injury, accident or illness occurring during Participant's participation in any Activity. Participant and/or Guardian, as applicable, hereby acknowledge that they are solely responsible for any hospital, medical or treatment costs arising out of any personal injury sustained by way of Participant's participation in any Activity.

4. With respect to any and all injury, illness, disability, death, or loss or damage to person or property, Participant and/or Guardian, as applicable, for themselves and on behalf of their executors, administrators, heirs, next of kin, representatives, successors and assigns, and family members (collectively, the "Releasing Parties"), agree to protect, defend, hold harmless, and indemnify, and do release, remise and forever discharge Olympus Academy and its successors, assigns, affiliates, present and former direct and indirect owners, employees, volunteers, independent contractors, managers, trustees, consultants, board members, officers, directors, attorneys, agents and other representatives (collectively, the "Released Parties") from and against any and all claims, actions, causes of action, proceedings, suits, costs, liabilities, damages, and expenses, whether known or unknown (including but not limited to all direct, special, incidental, exemplary, punitive, and consequential damages, losses of any kind and attorneys' fees), and however caused, including without limitation by intentional, reckless, negligent or grossly negligent conduct (collectively, "Claims"), that are based upon, result from, and/or relate in any way to Participant's participation in any of the Activities, including without limitation with respect to transportation to and from any such Activity. Additionally, and without limiting the foregoing, Participant and/or Guardian, as applicable, for themselves and for all of the other Releasing Parties, waive any Claims, whether individually or collectively, may now or in the future have against Olympus Academy or any of the other Released Parties with respect to the matters released hereunder, and agree not to initiate or prosecute or continue any Claim of any kind whatsoever against any of the Released Parties in any court or otherwise with respect to the matters released hereunder, including but not limited to any Claim under any common law, whether in law or equity, or federal, state or local statute, ordinance or rule of law.

5. Participant and/or Guardian, as applicable, acknowledge and agree that this Recreational Activity Release of Liability and Express Assumption of Risk Agreement (this "Release Agreement") shall be binding to the fullest extent permitted by law. Participant and/or Guardian, as applicable, acknowledge and agree that this Release Agreement is intended to be as broad and

inclusive as is permitted by law and that if any portion hereof is held invalid, the balance shall continue in full legal force and effect.

6. By entering into this Release Agreement, Participant and/or Guardian, as applicable, are not relying on any oral or written representation or statements made by the Released Parties, other than what is set forth in this Release Agreement.

7. Participant and/or Guardian, as applicable, agree that any and all disputes between them and Olympus Academy or any of the other Released Parties arising from Participant's participation in any Activity, including claims for personal injury and/or death, WILL BE GOVERNED BY THE LAWS OF THE STATE OF UTAH and EXCLUSIVE JURISDICTION thereof will be in a state or federal court in Washington County, State of Utah.

PARTICIPANT AND/OR GUARDIAN, AS APPLICABLE, HAVE CAREFULLY READ THIS RELEASE AGREEMENT, AND FULLY UNDERSTAND ITS TERMS, WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. PARTICIPANT AND/OR GUARDIAN, AS APPLICABLE, UNDERSTAND THAT THEY ARE WAIVING CERTAIN LEGAL RIGHTS BY SIGNING THIS RELEASE AGREEMENT, AND HEREBY SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Participant #1

Signature of Participant

Name of Participant (Please Print)

Date

Parent/Guardian Participant #2

Signature of Participant

Name of Participant (Please Print)

Date

Student Participant (If over 18 years of age)

Signature of Participant

Name of Participant (Please Print)

Date

Minor Participant

FOR PARENTS OR LEGAL GUARDIANS OF PARTICIPANTS OF MINOR AGE: I represent that I am duly qualified as the parent or legal guardian of the minor Participant to execute this Agreement and assume all responsibilities and all liabilities and grant all releases with respect to the minor Participant's involvement in any Activity as set forth herein. I acknowledge and agree that my execution of this Agreement is a material inducement to Olympus Academy permitting the minor Participant to participate in the Activities.

Signature of parent or adult legal guardian if Participant is a minor, and by their signature, they on my behalf release all claims that both they and I have pursuant to this Agreement.

Name of parent or adult legal guardian (Please Print)

Date

Minor's Full Name (Please Print)

Date

OLYMPUS ACADEMY

ART WORK AND PICTURE, LIKENESS AND IMAGE, AND CONFIDENTIALITY RELEASE

While at Olympus Academy, your son/daughter will have the opportunity to participate in many experiential activities. To help remember these activities, Olympus Academy would like permission to take pictures of your son/daughter. And for your son/daughter to take pictures of the other students during these activities as well. Olympus Academy will use these pictures to hang in the housing complex, create slideshows for parent weekends, to give to you, your son/daughter, and other students. Olympus Academy will not use these photos for marketing purposes without contacting you for additional, specific permission.

I give permission to the Olympus Academy employees to post my son/daughter's picture on a password-protected website to be viewed only by current Olympus Academy and alumni families and Olympus Academy employees, and I release Olympus Academy from any claims or liabilities that may arise from such use.

I _____, grant to Olympus Academy Residential Treatment Center, ("Olympus Academy") and its parent, subsidiaries, and other affiliate companies (collectively, the "Olympus Academy Companies") the following rights with regard to my son/daughter

I give permission for my son/daughter's art work to be photographed and/or displayed at Olympus Academy and to be used for conference presentations, in print and online marketing materials and in connection with any other publications of the Olympus Academy Companies, and I release the Olympus Academy Companies from any claims or liabilities that may arise from such use.

By signing this waiver and release, I grant permission and a worldwide, irrevocable, perpetual, royalty-free license to the Olympus Academy Companies, and to their employees and agents, to use my son/daughter's artwork for advertising and marketing in various media, including but not limited to television, internet, video and print media, for use in conference presentations, and in connection with any other publications, at the discretion of the Olympus Academy Companies. I grant this permission and license with the understanding that the Olympus Academy Companies will not materially alter the original artwork or images.

I give permission to Olympus Academy to give my name to Alumni families to provide support to our family during my son/daughter's stay at Olympus Academy.

Signed and agreed to this _____ day of _____, 20____

Sponsor Signature (Father/Guardian)

Sponsor Signature (Mother/Guardian)

Student Signature (if over 18)

Signature of Authorized Olympus Academy Rep.

STUDENT INFORMATION

1. Student's Name _____ DOB _____
 Place of Birth _____
 If Adopted, give date of adoption _____
 Religious preference _____
 Ethnic Origins _____
 Last Grade Finished _____ Student's SS# _____
 Age _____ Height _____ Weight _____ Hair _____ Eyes _____

2. Prior to placement at Olympus Academy, your student was attending or had dropped out of... _____ School.

 (Name of School)

3. Prior to placement at Olympus Academy, your student was living:
 _____ at home. _____ with relatives.
 _____ alone or with friends. _____ private school.

4. Please list all prior out of home placements

Placement _____	Date _____
Placement _____	Date _____
Placement _____	Date _____

5. If your student was attending class, indicate progress:

_____ failing	_____ average
_____ below average	_____ above average

6. Has your student been employed? _____ Yes _____ No
 _____ Part-time _____ Full-time
 Kind of work? _____
 Job performance? _____ Poor _____ Good _____ Adequate _____ Excellent

Child's Name _____

HOW DID YOU HEAR ABOUT OLYMPUS?

Internet search: What words did you search to find our website? _____

Website Referral: Did another website direct you to Olympus? _____

Individual Referral: Who should we thank for referring you to us? _____

Other: Please explain _____

THINGS TO BRING

In order to maintain a safe campus environment at Olympus Academy, the following items is a list of what is approved, and what is not for your Son or Daughter.

For BOY

THINGS TO BRING

- 8 pair of socks
- 1 pair of athletic shoes (**MUST BE ATHLETIC SHOES**)
- 8 underwear
- 2 bathing suits
- 2 hand towels
- 2 bath towels
- Pajamas
- 2 washcloths
- 1 Pillow
- 1 Blanket
- Twin flat sheets (1)
- Twin fitted sheets (1)
- Personal necessities (soap, shampoo, stamps, deodorant, toothpaste, toothbrush, etc.)
- If your son is on medication, provide 30 day supply

THINGS NOT TO BRING

- Aerosol hair sprays, etc.
- Hair dyes / colored hair mousse
- Chewing gum
- Scissors
- Jewelry of any kind
- T-shirts containing any type of print
- Combat boots
- iPods, iPads, CDs, Stereos, recorders
- Razors
- Money or loose change
- Candy or food
- Jeans with holes
- No short shirts, shirts that promote negative value systems, glorification of drugs or alcohol, bands, etc.

The specific Items to bring for **GIRL** are listed on the next page...

For GIRL

THINGS TO BRING

Clothing Requirements & Personal Items:

- (6) pair of jeans
- (3) pair of either knee-length shorts or sweatpants
- (7) short-sleeved shirts and three long-sleeved shirts –
- (10) pair of underwear - no thongs, g-strings or boxers
- (10) pair of socks
- lightweight jacket and (1) heavy weight jacket
- pair of pajamas - modest, no string tanks
- pair of athletic shoes
- pair of everyday shoes
- pair of flip flops for showering
- One pair slippers
- Five bras
- Two sweatshirts
- Exercise wear – comfortable clothing for exercise & dance.
- Modest, one-piece bathing suit
- Soft-soled dance slippers
- Three bath towels, two hand towels and two washcloths
- One pillow, one comforter and one set of sheets (twin size)
- Toothbrush, hair brush, comb, electric shaver, backpack.
- If your daughter is on medication, provide 30 day supply

THINGS NOT TO BRING

- Aerosol hair sprays, etc.
- Hair dyes / colored hair mousse
- Chewing gum
- Scissors
- Jewelry of any kind
- T-shirts containing any type of print
- Combat boots
- iPods, iPads, CDs, Stereos, recorders
- Razors
- Money or loose change
- Candy or food
- Jeans with holes
- No short shirts, shirts that promote negative value systems, glorification of drugs or alcohol, bands, etc.

VALUABLES and CARE PACKAGES

VALUABLES:

Items that have significant financial or sentimental value should only be brought at the owner's risk. The contract specifically states that OLYMPUS ACADEMY, LLC does not accept responsibility for lost or stolen items, or items left behind after the Student is no longer in the Academy.

CARE PACKAGES

Please **do not** send perishable items such as food and candy. These items interfere with the Student's diet and the program, and we do not have adequate storage for them. Non perishable items make better presents as they are something that your son/daughter can keep and use (books, clothing, stationary, etc.)

Guardians please, do not send more than what is listed here. If your son/daughter is asking for anything that he/she would like you to send, please wait till your weekly pre-arranged phone call with your Case Manager, to check if it will be approved before sending.

* Parents choosing to send your son/daughter's clothing and belongings to the campus facility directly by **UPS** or

FedEx, the address is:

**Olympus Academy
1500 East 2700 South
Hurricane, UT 84737**

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WWW.UNSILENCED.ORG | (AM)