

ARIP 2019 Advanced Research Internship Program (ARIP)
Participant(Student) Agreement
(Release and Waiver of Liability and Assumptions of Risks)

- *To participate in the Advanced Research Internship Program (ARIP), please submit this agreement with all ARIP Application forms to the office of AGM Institute, LLC.*
- *Read and review the entire handbook at home. Your signatures indicate your understanding of program rules, regulations and expectations. Please speak with staff of AGM Institute if you have questions.*
- *PLEASE READ THIS AGREEMENT CAREFULLY. IT IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU OR YOUR CHILD/WARD MAY HAVE IF HE/SHE IS INJURED OR OTHERWISE SUFFERS DAMAGES WHILE PARTICIPATING IN THE Advanced Research Internship Program ("ARIP PROGRAM" or "PROGRAM").*

I, _____ ("Participant") , in consideration of being permitted to the ARIP program, I hereby acknowledge and agree to following:

Be aware that by registering your child/ward (Participant) and having him/her participate in this Program, you, _____, and the Participant, _____, will be waiving all claims for injuries the Participant might sustain arising out of his/her participation in this Program.

1. Assumption of Risks of Program Participation.

I/We understand that participation in ARIP Program is entirely voluntary and may involve off-campus day trips and voluntary participation in athletic events or other similar activities. I/We have elected to participate in the ARIP Program. As reflected by our signatures below, I/we are aware of, have discussed, and accept the risks associated with and inherent in the ARIP Program.

2. Behavior Expectations of the Participant.

I/We understand that the Participant has the responsibility to contribute to the success of the ARIP Program by conducting himself/herself in a manner that reflects positively on all participants in the ARIP Program. The Participant agrees to abide by the specific rules and policies that govern participation in the ARIP Program as predetermined on the ARIP Web site, www.agminstitute.org, which is incorporated and made a part of the Participation Agreement. I/We certify that we have read, understand, and agree to be bound by these rules and policies. I/We further certify that I/we have completed all preparation activities as mandated by the ARIP Program and will complete all follow-up activities as may be required by the ARIP Program. I/We further understand the ARIP/AGM institute LLC reserves the right to decline to approve the Participant's application to participate in ARIP Program or to decline to provide continuing support for his/her participation in the ARIP Program at any time should the Participant's actions impede the operation of the ARIP Program or the rights or welfare of any person. Should the Participant be dismissed for disciplinary or social reasons, no fees will be returned. Further, if the Participant is dismissed for academic reasons resulting from a lack of effort or attitude toward the academic environment, or from academic dishonesty, no fees will be returned. In the event of such a dismissal, the Participant must depart the ARIP Program within 24 hours of dismissal.

It is further agreed that should the Participant leave ARIP Program for any reason other than a death in the immediate family (mother, father, guardian, or sibling only) or an illness, which requires hospitalization, after the fee deadline set by AGM Institute LLC/The ARIP has passed, there will be no refund of any fees. Should the Participant leave the ARIP Program as the result of death in the immediate family or an illness that requires hospitalization, the ARIP will provide a prorated refund not to exceed 50 percent of Program fees.

I/We further agree that the ARIP reserves the right to make cancellations, changes, and substitutions in case of emergency or changed conditions, or if such are in the best interests of the group affected. Should AGM Institute LLC cancel an ARIP Program before that Program begins, a full refund of the Program fees will be made. Should AGM Institute LLC cancel the ARIP Program after that Program has begun, a prorated refund of Program fees will be given.

3. Participant Obligations Relating to Medical Needs and Insurance. By signing this Participation Agreement, I/we agree:

- A. To furnish the ARIP with requested medical information.

- B. To bear all financial responsibility for any medical treatment arising from the Participant’s participation in the ARIP Program, and specifically to obtain and maintain throughout the ARIP Program coverage under a policy of comprehensive health and accident insurance. Such policy shall provide coverage for injuries and illnesses the Participant sustains or experiences while participating in the ARIP Program. Neither AGM institute LLC nor ARIP shall provide medical insurance for, or assume financial responsibility for, any injury or illness the Participant incurs while participating in the ARIP Program.
- C. To obtain such other insurance coverage as may be relevant to Participant’s participation in the ARIP Program. I/We also are aware that ARIP recommends that participants insure their property against loss or theft.
- D. To accept full financial responsibility for loss of or damages to the ARIP or host campus property caused by the participant.

4. Release and Waiver of Liability.

I WAIVE ANY AND ALL CLAIMS that I may have and in the future, I RELEASE ALL LIABILITIES AND AGREE NOT TO SUE AGM Institute, LLC and the ARIP program hosting universities and his/her/its shareholders, directors, employers, agents, assistant guides, instructors, volunteers, chaperons, and independent contractors, for any loss, property damage, expenses, or personal injury (including death) that my child may suffer as a result of my child’s participation in activities. I/We further acknowledge and understand that pictures or videos taken of participants, or products created and produced by participants, may be used in the ARIP products, publications, website and on social media channels (e.g. Facebook, YouTube), or by organizations approved by AGM Institute LLC and/or by the ARIP program. This Agreement shall be governed and construed in accordance with the substantive laws and codes of the State of Maryland, without giving effect to its principles of conflict of laws and exclusive venue and jurisdiction for all claims arising hereunder shall be the applicable federal and state courts sitting in the State of Maryland. All parties agree that any litigation should be processed through Circuit court for Montgomery County in Maryland and United States District Court in Greenbelt, Maryland.

Participant’s Signature: _____

Date: _____ (mm/dd/yyyy)

(Print Full Name)

Parent or Guardian’s Signature: _____

Date: _____ (mm/dd/yyyy)

(Print Full Name)

I am the parent or guardian of the above-named Participant. I have reviewed this Participation Agreement and the description of the ARIP Program, have discussed it with the Participant and concur with the Participant’s participation in the ARIP Program under the terms of this Participation Agreement mentioned above.

Consent
for
Medical/Surgical care/Emergency Treatment

We/I hereby give our (my) consent to : *AGM Institute LLC*, which will be caring for our (my) child Name: _____ for the period from July 08, 2019 until July 27, 2019 to arrange for routine and /or emergency medical or dental care and treatment necessary to preserve the health of our (my) child.

We/I hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I have read this form and certify that I understand its contents.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Medical Information

Physician: _____

Telephone no.: _____

Name of health insurance carrier /Travel Insurance: _____

Group No: _____ Policy No: _____

Child's allergies, if any: _____

Date of last tetanus booster: _____

Medicines child is taking: _____ Yes _____ No

If Yes, please list all medication(s): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____

Over the Counter/Non-Prescription Medication Form

Applicant's Full Name: _____

We further give our consent that the following over-the counter medications may be administered according to package directions by *AGM Institute, LLC*.

Cross out any medications not approved.

- Acetaminophen (Tylenol) for fever or pain
- Ibuprofen (Advil, Motrin) for fever or pain
- Antibiotic or Neosporin antibiotic ointment to prevent infection
- Hydrocortisone anti-inflammatory rash cream
- Calamine/Caladryl for poison ivy itch relief
- Antifungal creams and sprays for treatment of fungal rashes
- Visine eye drops for dry, irritated eye relief
- Benadryl for allergy symptoms
- Claritin antihistamine for allergy symptoms
- Antacid (i.e. Tums, Maalox, Pepto Bismol, Gaviscon) for relief of stomach upset
- Throat lozenges or cough drops
- Anti-diarrheal medication

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____