

# **ARIP Application Checklist**

ARIP Admissions decision won't be made until all required ARIP application forms are received. Please make sure your application includes all items as follows:

## **❖ When you apply**

- 2020 Application Form
- Current High School or College Transcript (English Version)
- Certification of Recommendation
- Personal Statement (250-500 words)
- Application Fee : \$60 (non-refundable)
- ARIP Scholarship Application ( if applicable)

## **❖ After you are admitted**

- Participant Agreement Form
- Consent for Medical/Surgical Care/Emergency Treatment Form
- Over-the Counter/Non-Prescription Medications Form
- A copy of Passport (Student)
- A copy of Travel Insurance Information (Insurance company name, Policy No)

Please submit ARIP application forms or contact us at [contact@agminstitute.org](mailto:contact@agminstitute.org) for any questions regarding ARIP applying procedures.

AGM Institute, LLC  
7700 Little River Turnpike, Suite 407  
Annandale, VA 22003  
E-mail: [contact@agminstitute.org](mailto:contact@agminstitute.org)  
Phone) 1-571-765-7839 (International use ONLY)  
1-866-717-0014 (US &Canada ONLY)  
Fax) 1-571-765-7845

# **ARIP 2020 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 AGM office.*
- *Read and review the entire handbook at home. Your signatures indicate your understanding of program rules, regulations and expectations. Please speak with AGM Institute staff if you have any 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](http://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 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/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 cancel a ARIP Program before that Program begins, a full refund of the Program fees will be made. Should AGM Institute 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 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 or 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 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. Both parties agree that any litigation shall be processed at Participant's own expenses for both parties through Circuit court for Montgomery County in Maryland and United States District Court in Greenbelt, Maryland.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (mm/dd/yyyy)

**Parent or Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (mm/dd/yyyy)

**Parent or Guardian's 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.**

**Consent**  
**for**  
**Medical/Surgical care/Emergency Treatment**

We/I hereby give our (my) consent to : *AGM Institute LLC & AGM College Planning LLC* who will be caring for our(my) child Name: \_\_\_\_\_ for the period \_\_\_\_\_ to \_\_\_\_\_ 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, \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print Name : \_\_\_\_\_ Date: \_\_\_\_\_

## Over the Counter/Non-Prescription Medication Form

Student'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 & AGM College Planning 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\_\_\_\_\_Date\_\_\_\_\_

# 2020 ARIP Payment Authorization & Schedule(s) for US Resident

(Student's Full Name: \_\_\_\_\_ )

	Payment Schedule(s) (Please circle your selection)		Payment Schedule(s) (Please circle your selection)
October (2019)	8 / 7 / 6 / 5 / 4 / 3 / 2 / 1	March (2020)	3 / 2 / 1
November (2019)	7 / 6 / 5 / 4 / 3 / 2 / 1	April (2020)	2 / 1
December (2019)	6 / 5 / 4 / 3 / 2 / 1	May (2020)	1
January (2020)	5 / 4 / 3 / 2 / 1	June (2020) only if available **	
February (2020)	4 / 3 / 2 / 1	July (2020) only if available ***	

**Please select the payment plan as follows:**

- [ ] 8 Payment Plan: 1st Month (\$932 + \$60 Application Fee\*) and \$932/Mo x 7 Months
- [ ] 7 Payment Plan: 1st Month (\$1,038 + \$60 Application Fee\*) and \$1,038/Mo x 6 Months
- [ ] 6 Payment Plan: 1st Month (\$1,181 + \$60 Application Fee\*) and \$1,181/Mo x 5 Months
- [ ] 5 Payment Plan: 1st Month (\$1,387 + \$60 Application Fee\*) and \$1,387/Mo x 4 Months
- [ ] 4 Payment Plan: 1st Month (\$1,701 + \$60 Application Fee\*) and \$1,701/Mo x 3 Months
- [ ] 3 Payment Plan: 1st Month (\$2,232 + \$60 Application Fee\*) and \$2,232/Mo x 2 Months
- [ ] 2 Payment Plan: 1st Month (\$3,304 + \$60 Application Fee\*) and \$3,304/Mo x 1 Month
- [ ] 1 Payment Plan: (\$6,500 1st Month+\$60 Application Fee\*)

<b>June (2020) **</b>	<b>\$7,000</b> (Late Registration Fee Applied-* Restrictions may apply) Only if seat is available
<b>July (2020) ***</b>	<b>\$7,500</b> (Late Registration Fee Applied-* Restrictions may apply) Only if seat is available

### Payment Terms and Conditions

1. Initial Payment paid is **Non-Refundable after Seven (7) Calendar Days** from the contract date which is the date the application is submitted. The payment refund request should be submitted **by the written format within Seven (7) Calendar Days from the contract date**, and **10% Restocking fee** of the contracted amount will be applied for the refund. \$60 Application Fee is Non-Refundable administration fee for the application process. The Refund processing may take up to thirty (30) calendar days from the refund request date.

2. Certain restrictions may apply according to the applicant's payment plan and personal credits. AGM Institute LLC has all rights to restrict the applicant's payment plan selection according to the conditions of the payments to be made. The partial payment amount was applied by the finance charge of 26% APR rate and the applicant agrees to pay this financing charges applied to the payment amounts.

3. ARIP registration in June (2020) and July (2020) periods may not be available and the registration may be closed according to each ARIP locations and its local conditions. The applicant agrees to pay for the late registration fee for June (2020) and July (2020) periods and no payment plan(s) are available for these enrollment periods without a written approval from the organizing authority. The applicant must receive the preapproval from ARIP authority prior to applying for ARIP participations during these periods if the seat is available.

4. Any litigation shall be processed at your own expenses covering for both parties through Circuit court for Montgomery County in Maryland and United States District Court in Greenbelt, Maryland.

<b>Payment Dates:</b> (MM/DD/YYYY)	<b>Credit Card Payment Authorization</b>
<b>Payment Methods (Select):</b> <input type="checkbox"/> Credit Card <input type="checkbox"/> Check [1st Payment] ____/____/____ (By check, #: ____) [2nd Payment] ____/____/____ (By check, #: ____) [3rd Payment] ____/____/____ (By check, #: ____) [4th Payment] ____/____/____ (By check, #: ____) [5th Payment] ____/____/____ (By check, #: ____) [6th Payment] ____/____/____ (By check, #: ____) [7th Payment] ____/____/____ (By check, #: ____) [8th Payment] ____/____/____ (By check, #: ____) 	<input type="checkbox"/> VISA <input type="checkbox"/> Master <input type="checkbox"/> Discover <input type="checkbox"/> AMEX (Please Select one) I authorize the above payments to be charged as agreed and on the scheduled date(s) to the following credit card.  <b>Credit Card Name:</b> _____ <b>Credit Card No.:</b> _____ <b>Exp. Date:</b> ____/____/____ (CVV2: ____) <b>Billing Address:</b> _____ _____ <b>Country:</b> _____ (Zip code) _____

(Signature) \_\_\_\_\_ (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)