

ENROLLMENT TERMS & AGREEMENTS

| In the best interest of Delphian School and my/our child | (print name) | | | |
|---|--------------|--|--|--|
| the undersigned parent(s) and/or legal guardian of the student agrees to the following: | | | | |
| 1 Consent to medical care for student: | | | | |

(In the event that a medical or surgical emergency should occur while your child is attending Delphian it is imperative that we have parental authorization on file. Any hospital or medical institution requires parental permission to render the necessary care to a minor patient. Please note that this release must be signed.)

In the case of illness, accident or similar emergency, Delphian, or any authorized agent thereof, is authorized to seek and obtain medical care or treatment for my child, and may authorize any physician, hospital or medical institution to render the necessary care.

I/we consent to any X-ray examination, anaesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the student at my/our expense upon the advice and under the general or special supervision of a physician, surgeon and/or dentist licensed under the provision of applicable medical practice laws.

- 2. I/we assume responsibility for any acts of my/our child during any field trip or school outing, and will indemnify (reimburse or repay for any loss incurred) and hold Delphi Schools, Inc., the School, its employees and volunteers harmless from any claims of any person arising from my/our child's acts. "Field trip or outing" includes period of travel time to and from the School.
- 3. I/we give my/our permission for the student to participate in the following activities that may have some inherent risk. I understand that neither Delphi Schools, Inc., Delphian School nor any of its employees, students or volunteers shall be liable to myself or my child for any claim arising out of these activities, such claims being hereby waived, and that I will indemnify and save harmless Delphian School and its employees, students and volunteers from all liability for claims as well as from claims of all other persons resulting from any act of my/our child during these activities:
- A. Horsemanship program(s) or riding
- B. Interscholastic sports
- C. Field trips, outings, students riding in school or staff/volunteer vehicles
- D. Weekend activities and trips
- 4. I/we and my/our child have read, understood and agree to abide by the rules and principles set forth in the *Delphian Student and Parent Handbook*.
- 5. I/we understand that Delphian has the right to refuse any applicant or to dismiss any student misrepresented during enrollment or whose conduct or influence is unsatisfactory or is, in the opinion of the School, not in the best interest of the School.
- 6. I/we understand that the School has access to all dormitories and private rooms and belongings at any time for the purpose of inspection.
- 7. I/we understand that students are responsible for their belongings and that while the School makes every effort to care for the property of its students, it does not consider itself liable for any loss that may occur.

1



| _ | | |
|-----------|------|------------|
| 8 | Puh | lications: |
| \circ . | 1 UD | iications. |

| A. I/we hereby give my/our permission to Delphian School to use repicture, likeness, interview, speech, and/or story for online, print or Delphian School. | • |
|---|---|
| ☐ I/we do not give my/our permission for publications as | stated in #8A above. |
| B. I/we give my/our permission to Delphian School to release pictuparents for their personal use via the school's websites or password-p | • |
| ☐ I/we do not give my/our permission for pictures and vi- | deos to be released as stated in #8B above. |
| 9. Student records are maintained for each child attending Delphiar federal law. All student records maintained by the School shall be m parents or legal guardians. | |
| 10. Accident Insurance: | |
| I/we have read and agree to the terms of the School's accident insu illness expenses and that if I/we have other group insurance I/we n insurance company first. | |
| 11. I/we have read the <i>Student Agreements for Internet and Computer Use a</i> from my child. Although Delphian takes prudent steps to filter Interis not perfect and that the school cannot assume responsibility for coactions done by my child, on the Internet. Check and initial beside by | net content, I acknowledge that filtering ontent or advice received by my child, or |
| I/we approve Internet access. | ☐ I/we disapprove Internet access. |
| I have answered the questions on all application and enrollment for information has been withheld or misrepresented. I understand that omissions can result in no acceptance or immediate dismissal. | · · · · · · · · · · · · · · · · · · · |
| Signature of Parent/Legal Guardian | Date |
| Signature of Parent/Legal Guardian | Date |