



## HEROES ACADEMY

### Informed Consent and Hold Harmless/Release Agreement

**Release, Informed Consent, Removal:** I understand that participation in HEROES Academy activities involves a certain degree of risk. I have carefully considered the risks involved and have given consent for my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I further understand that if my child does not abide by the rules or standards of conduct, HEROES Academy may discipline my child, up to and including temporary or permanent removal of my child from HEROES Academy without refund of any tuition paid on behalf of my child.

***I hereby release the HEROES, its employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation and also any claims, liability, loss, or damage resulting from my child's failure to abide by applicable rules and standards of conduct.***

**Special Needs or Accommodations:** I agree to promptly notify HEROES Academy of any special needs my child may have that may require reasonable accommodations, and that HEROES Academy will not be responsible for failure to provide accommodations in the absence of a request. I understand that while HEROES Academy will make every effort to provide reasonable accommodations, HEROES Academy may either elect to provide an alternate accommodation or to advise me that it is unable to provide accommodations for my child.

**Sharing of Necessary Information:** I approve the sharing of the information on this form or on any medical/health information forms with HEROES Academy volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of HEROES Academy activities, but that all such information will otherwise be kept confidential under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, including examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities I agree to promptly complete and return all medical/health information forms to HEROES Academy.

**Intellectual Property Rights:** As a participant in HEROES Academy programs, my child may have the opportunity to participate in inventing new programs, processes or similar technological advances. I hereby understand and agree that all such inventions or creations and any property rights associated therewith shall be and remain the property of HEROES Academy. I hereby expressly agree that if deemed necessary or appropriate by HEROES Academy that I will cooperate and I will cause my child to cooperate with any processes necessary to ensure procurement of any patent, copyright or trademark on behalf of HEROES Academy, should HEROES Academy so choose.

## Consent to Publication of Photos or Likenesses

\_\_\_\_\_ (Initial here): I hereby grant HEROES permission to use my likeness and the likeness of my child in photographs in any and all publications and for any and all purposes, including web site entries, without payment or any other consideration in perpetuity. I understand and agree that these materials will become the property of HEROES Academy and will not be returned.

I hereby irrevocably authorize HEROES Academy to edit, alter, copy, exhibit, publish or distribute these photographs for purposes of publicizing for any lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge HEROES Academy from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**OR:**

\_\_\_\_\_ (Initial here) I do not wish my child's photograph or likeness to be used for any purpose. I am providing a photo of my child to HEROES Academy for its own records only so that HEROES Academy is better able to promptly exclude my child from any picture taking for similar activities.

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Student's Name: \_\_\_\_\_

I have read this Informed Consent and Hold Harmless/Release and Consent to Publication of Photos or Likenesses. I understand and agree to all of its provisions.

Parent's Name: \_\_\_\_\_

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



## Student Policies

### Bullying Policy

**HEROES Academy upholds a zero tolerance policy on bullying. Bullying, as defined by Webster's Dictionary is**

*"to treat abusively; to affect by means of force or coercion; to use browbeating language or behavior.*

**The following actions will result in immediate expulsion from HEROES Academy without refund:**

- Threatening to cause harm
- Hitting, Kicking, Punching
- Spitting
- Tripping, Pushing
- Taking or breaking anything belonging to another individual. This will also result in a fine in accordance to the damages done.

**The following will result in a warning on the first offence. Multiple offences of the following will result in expulsion.**

- Teasing
- Name Calling
- Inappropriate sexual comments
- Taunting
- Making rude hand gestures
- Telling other children not to be friends with someone
- Spreading rumors
- Embarrassing someone in public

**The above not a comprehensive list of offences. HEROES Academy reserves the right to use its discretion on the proper action required for individual bullying instances not listed above.**

### Homework & Attendance Policy

HEROES Academy strives to provide students with an opportunity to participate in academically challenging programs that are not constrained by the need for excessive repetition to accommodate unprepared students.

Students are expected to attend all classes and complete all assigned homework. Homework should be completed according the written directions and schedule provided by the instructor.

Parents are expected to insure that students complete their homework but are not expected to provide students with assistance unless specified by the specific homework assignment.

HEROES Academy faculty will provide additional assistance to any student who has difficulty with the material if the student meets the following requirements:

- Attends all classes
- Attentively participates in class
- Arrives on time
- Does not leave early
- Completes all homework as assigned

Students who do not meet the above requirements may be tutored at the discretion of the instructor but will be charged a tutoring rate of \$60 per hour in addition to the course tuition.

## Academic Integrity Policy

HEROES Academy expects all students to uphold standards of academic integrity. Academic integrity is the adherence to moral and ethical principles; soundness of moral character and honesty [dictionary.com.]

This policy covers all tests, quizzes, reports, papers, projects, class assignments, etc. Academic dishonesty includes, but is not limited to, the following:

**Unauthorized Collaboration:** working together, or receiving assistance from another individual or electronic media, without the specific permission of the instructor or administrator.

**Plagiarism:** the practice of taking someone else's work or ideas and passing them off as one's own. [dictionary.com]

The Elements of Plagiarism are:

1. Uses words, ideas or work products
2. Attributable to another identifiable person or source
3. Without attributing the work to the source from which it was obtained
4. In a situation in which there is a legitimate expectation of original authorship
5. In order to obtain some benefit, credit, or gain which need not be monetary

[academicintegrity.org]

**Cheating:** includes, but is not limited to, unauthorized use of:

1. Class materials, textbooks, notes
2. Technology, calculators, computers, tablets, etc.
3. Another student or person

**Forgery or Stealing:** includes, but is not limited to:

1. Unauthorized access to exams, answers and assignments
2. Forging of a signature

Students found to be in violation of this academic integrity policy shall be subject to the following consequences:

**1st Offence:** Student shall be required to write a 5 page paper in standard format. The student will receive an automatic Fail on the assignment and will not be permitted to make up the assignment or grade.

The paper shall meet the following requirements:

1. MLA Format
2. Double Spaced
3. 12 Point; Times New Roman Font
4. Do NOT add extra space between paragraphs.
5. 1 inch margins
6. The paper shall answer the question: *“Why is academic integrity important?”*

The first draft of this paper shall be submitted a minimum of 24 hours before the next class meeting by e-mail to both the instructor and the administrator. Student will not be permitted to return to class until a 1st draft is submitted.

Revisions will be required until work is considered satisfactory. Student shall be held on a probationary status until such time as the assignment is considered fully complete.

If the student does not produce an acceptable final draft of this paper within 3 weeks of the incident, the student shall be expelled. No refunds will be given.

**2nd Offence:** A second violation of the academic integrity policy will result in immediate expulsion from any and all HEROES Academy programs. No refunds will be given.

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I have read the Bullying Policy, Homework & Attendance Policy and Academic Integrity Policy and discussed them with my child. I agree to work with my child to enforce these policies.

Parent’s Name: \_\_\_\_\_

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

I have read the Bullying Policy, Homework & Attendance Policy and Academic Integrity Policy and discussed them with my parent(s). I agree to comply with these policies.

Student’s Name: \_\_\_\_\_

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

## Medical Treatment Authorization Form

This form grants temporary authority to a designated adult authorized by HEROES Academy, LLC (hereinafter "HEROES.") to provide and arrange for medical care for your child in the event of an emergency, where your child is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact you. This form should be signed and given to HEROES and will be kept on file at HEROES for as long as your minor child is attending any program at or through HEROES. If your child is participating in a trip or other HEROES program taking place off of HEROES premises, then the trip leader will receive a copy of this form. Either the trip leader or other Designated Adult employed or appointed by HEROES will carry this form or an accurate copy with him or her for the duration of the trip or off-premises event.

### Minor

Full Legal Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female/Male

### Information for Medical Treatment

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone #: (\_\_\_\_\_) \_\_\_\_\_

Medical Insurer/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Allergies (Other): \_\_\_\_\_

Please note **all** conditions for which the child is currently receiving treatment:

\_\_\_\_\_

Note any other significant medical information:

\_\_\_\_\_

Please note any other conditions for which your child may need a reasonable accommodation in order to participate:

\_\_\_\_\_

(Please note that while HEROES will make every reasonable effort to fulfill requests for accommodations, it reserves the right to not to do so if it in good faith determines that an accommodation may impose an undue hardship.)

### AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for a Designated Adult, employed or appointed by HEROES (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by my child. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: \_\_\_\_\_ Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Parent / Legal Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_