

NEW LEAF ACADEMY ENROLLMENT AGREEMENT

This agreement ("Agreement") is entered into by and between New Leaf Academy, Inc., an Oregon Corporation (hereinafter "New Leaf"), operating New Leaf Academy, a licensed residential program in Bend, Oregon, which is described in the program materials that Sponsor has received previously and which is made a part of this Agreement by reference (the "Program") and, _____ parent(s) and/or guardian(s) of the Student (here in after the "Sponsors").

Sponsors address is: _____

Phone is: _____

In consideration of the mutual promises set forth in this Agreement, New Leaf and Sponsor (hereinafter the "Parties") mutually agree as follows:

1. SPONSOR'S REPRESENTATIONS. Sponsor warrants that Sponsor is the legal parent(s) and/or guardian(s), having legal custody, of: _____ whose birth date is _____ (hereinafter the "Student"), and that Sponsor desires to and does hereby contract with New Leaf for the Student's enrollment in the Program according to the terms and conditions of this Agreement. In entering into and performing under this Agreement, New Leaf is relying on all representations and promises of the Sponsor contained or expressed in this Agreement and all other documents and information sheets from Sponsor to New Leaf, and Sponsor expressly warrants the truth and accuracy of the same.

2. ENROLLMENT OF THE STUDENT. Upon Sponsor's initial payment of the *non-refundable Enrollment Fee, which is set forth more specifically in Paragraph 4*, and completion of this Agreement, the Enrollment Application and all related documentation, and upon New Leaf's execution of this Agreement, New Leaf shall accept the Student conditionally for enrollment in the Program, subject to the terms and conditions of this Agreement. Sponsor acknowledges and agrees that New Leaf's conditional acceptance of the Student is subject to the personal evaluation and screening process conducted by New Leaf prior to completion of the Assessment phase (first three months) of the Program. If the Student satisfies New Leaf's screening criteria, New Leaf shall accept the Student and, except as otherwise provided herein, permit the Student to complete the Program. If the Student fails to satisfy New Leaf's screening criteria, the Student will be returned promptly to Sponsor and New Leaf will also return the prepaid tuition to the Sponsor, minus a pro-rated fee based on the number of days the student was enrolled in the Program.

3. TERM OF AGREEMENT/CUSTODY. Assuming the Student is accepted into the Program, the term of this Agreement shall be approximately 18 months beginning with the Student's arrival, now anticipated on _____. On the Enrollment Date, Sponsor shall transfer, by a Power of Attorney in the form received and executed by Sponsor, temporary custody of the Student to New Leaf for the duration of the Agreement, unless either party terminates this Agreement prior thereto by giving written notice to the other party pursuant to the terms of this Agreement or until the Student attains the age of eighteen (18), unless the Student (a) has otherwise been placed in the custody of New Leaf by a court of proper jurisdiction or (b) voluntarily consents in writing to remain in the Program for any period of time beyond said eighteenth (18th) birthday.

4. PROGRAM COSTS AND PAYMENT TERMS.

A. PROGRAM FEE. The Student is accepted with the expectation that the Student will complete the entire Program.

Upon Admission:

Enrollment Fee	\$ 2,750 non-refundable
Pro-rated Tuition for Month Enrolled	\$ 200/day
First Month	\$ 6,025
Final Month Tuition Deposit	\$ 6,025
Family and Aftercare Services	<u>\$ 6,025</u>
TOTAL UPON ENROLLMENT:	\$14,800.

Ongoing Fees

Monthly Tuition	\$ 6,025
Student Expenses (see attachment)	Varies

The monthly tuition fee covers the cost of room and board, academic classes, regularly scheduled workshops, and therapeutic components of the program as New Leaf determines. Sponsor is responsible for ensuring payment is made on time, regardless of whether or not a monthly invoice or statement is provided by New Leaf. Sponsor agrees to pay all attorney fees, court costs, filing fees, and charge or commission that may be assessed by any collection agency retained to pursue collection of any outstanding sums. Sponsor acknowledges that, except as provided herein, this advance payment is non-refundable, due to the need for New Leaf to budget for the Program as well as the fact that Student will be filling one of a limited number of openings in the program.

B. FEE INCREASES. The current tuition fee is subject to an annual increase effective January 1st of each year. The program shall provide a 60-day notice detailing the amount of the increase.

C. SCHEDULE AND METHOD OF PAYMENT OF PROGRAM FEES; LATE FEES.

(1) At the time of admission, private pay sponsors shall pay an initial payment of two months' tuition (first and last month tuition) plus the enrollment fee and family/aftercare services fee. This initial payment may be paid by check. If applicable, the pre-paid last month's tuition will be applied to the Alumni Fee.

(2) With the exception of pre-paid quarterly and annual tuition payments, all subsequent payments shall be paid only by accepted credit card (VISA, Mastercard or American Express), wire transfer or pre-authorized electronic check debits (ACH). Sponsor shall receive a 5% discount on pre-paid annual tuition payments. Unlike other payment methods, Sponsor may elect to pre-pay quarterly and annual tuition payments by check.

(3) Sponsor shall also provide a valid credit card number with a credit capacity equal to two months' tuition at the time of admission. In the event that a subsequent tuition payment is not paid when due, Sponsor authorizes the program to charge the past due amount, including late fees, to the credit card number provided by the Sponsor at the time of enrollment.

(4) Payments are due the 2nd day of the month of service. For example, October tuition is due October 2nd. Payments not received by the 20th of the month of service are subject to a \$50 late fee and may result in discharge of the student from the program. With the exception of the discharge summary, transcripts and other transition information, such as student records, will not be released after a student discharges until all tuition and fees are paid in full.

(5) Students with student loans must provide a copy of an executed promissory note from the lending institution prior to enrollment. Actual funding must take place within five

days of enrollment. Students receiving school district assistance must pay tuition and fees when due. The program will refund Sponsor upon receipt of payment from the school district.

D. PAYMENT/CANCELLATION REFUNDS. Any unused portion of the student's tuition shall be refunded to Sponsor within 30 days of Student's discharge from the Program. Program fees that are due monthly shall be due and payable on or before the first day of each month.

E. EARLY WITHDRAWAL OF STUDENT. If Sponsor or authorized third party withdraws Student before expiration of the period of enrollment, or if Student upon reaching the age of eighteen (18) years old withdraws without the recommendation of the Program, Sponsor understands and agrees that Sponsor shall immediately (1) pay all outstanding account balances and tuition through the end of the month in which the Student is withdrawn and (2) forfeit the last month's pre-paid tuition. The forfeiture of the last month's pre-paid tuition reflects the recognition that certain costs associated with making the program available to the Student are incurred, whether or not the program is completed, including such items as salaries, inventories, and other general operating expenses. Therefore, Sponsor understands and agrees that the policy of non-refundable payments and expenses is a reasonable estimate of the losses (i.e., Liquidated Damages) the program incurs with the early withdrawal of Student. If applicable, Sponsor shall be refunded any remaining pre-paid tuition thereafter.

F. ADDITIONAL COSTS AND EXPENSES. In addition to the Program fee, Sponsor agrees to pay for the following expenses of the Student: transportation from the Student's current residence to Bend, Oregon, and return transportation to the Student's current residence; food and lodging expenses for any holding period before commencement of the Program and/or after completion of the Program; all medical, dental, hospital, and related expenses incurred by or for the Student and all required personal items specified in the Student Clothing List. Sponsors are also responsible for any additional escort fees required for transporting Student to and/or from the Program to another location (i.e. airport, doctor's appointment or special event). Sponsors are responsible for the cost of any psychiatric evaluations performed by a psychiatrist, psychologist or other healthcare professional.

G. PERSONAL INJURY AND DAMAGE TO PROPERTY. Sponsor agrees to accept full responsibility for (1) the repair or replacement of any property damaged, defaced, or destroyed by the Student, whether owned, leased, or controlled by New Leaf or any third party, and (2) any personal injury to any New Leaf personnel, other students or third parties caused, in whole or in part, by the Student; and to promptly reimburse New Leaf for any costs and expenses, including legal fees, it may incur in connection therewith.

H. RUNAWAY EXPENSES. In the event the Student runs away from the Program, New Leaf will make every reasonable effort to find the Student and return the Student to the Program or to the Sponsor. An accounting of the expenses incurred by New Leaf in finding and returning the Student will be made to the Sponsor who agrees to accept full responsibility for any and all such costs and expenses, and to pay the same within seven (7) days of the Sponsor's receipt of said accounting.

I. LOSS OR DAMAGE TO STUDENT'S PROPERTY. New Leaf is not liable for any loss of or damage to any of the Student's property. The Student is fully responsible for the same at all times.

J. SUBCONTRACTING. Sponsor agrees and consents to New Leaf's subcontracting certain services to be rendered under this Agreement to persons or entities deemed by New Leaf to be properly qualified to provide said services, at no additional cost to Sponsor unless otherwise agreed to by both parties. New Leaf is not responsible for the services provided by such third-party contractors and is hereby released from any liability arising from such services. All clinicians furnishing services to the Student, including any psychiatrists, psychologists, mental health professionals, or internists or the like, are independent contractors with the client and are not employees of New Leaf. The Student is under the care and supervision of his /her

attending clinician and it is the responsibility of the Student's clinician to obtain the Sponsor's informed consent, when required, for medical, surgical, or psychiatric treatment, special diagnostic or therapeutic procedures, or other services rendered the Student under the general and special instructions of the clinician.

K. NURSING CARE. New Leaf provides only general nursing care unless, upon orders of the Student's physician, the Student is provided more intensive nursing care. If the Student's condition is such as to need the service of a special duty nurse, it is agreed that such must be arranged by the Sponsors. New Leaf shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that Student is not provided with such additional care.

5. ASSUMPTION OF RISKS; RELEASES AND INDEMNITIES. Sponsor acknowledges serious hazards and dangers, known and unknown, inherent in the Program, including but not limited to, agricultural and vocational activities, emotional and physical injuries, illness or death that may arise from strenuous hiking, climbing and camping in a natural environment, exposure to the elements, plants and animals, running away from the Program, "acts of God" (nature), the ropes course, kayaking, water sports, stress, involvement with other students, self-inflicted injuries, and transportation to and from the Program's field location(s). Sponsor understands that in participating in the Program, Student will be in locations and using facilities where many hazards exist and is aware of and appreciates the risks which may result. Sponsor understands that accidents occur during such activities due to the negligence of others which may result in death or serious injury. Sponsor and Student are voluntarily participating in the Program with knowledge of the dangers involved and agree to accept any and all risks.

In consideration for being permitted to participate in the Program, Sponsor agrees to not sue, to assume all risks and to release, hold harmless and indemnify New Leaf and any and all of its predecessors, successors, officers, directors, trustees, insurers, employees, managers, agents, volunteers, community organizations, administrators, heirs, attorneys, executors, assigns and/or related or affiliated business entities including, but not limited to, Aspen Education Group, Inc. (collectively all of the above persons and entities shall be referred to as the "Released Parties" hereafter) who, through negligence, carelessness or any other cause, might otherwise be liable to Sponsor or Student under theories of contract or tort law.

Sponsor intends by this Waiver and Release to release, in advance, and to waive his or her rights and discharge each and everyone of the Released Parties, from any and all claims for damages for death, personal injury or property damage which Sponsor may have, or which may hereafter accrue as a result of Student's participation in any aspect of the Program, even though that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. Additionally, Sponsor covenants not to sue any of the Released Parties based upon their breach of any duty owed to Sponsor or Student as a result of their participation in any aspect of the Program. Sponsor understands and agrees that this Waiver and Release is binding on his or her heirs, assigns and legal representatives and that the Released Parties shall be exempt from liability to Sponsor, his or her heirs, assigns and legal representatives.

Student should be physically capable of participating in all aspects of the Program. Student should have a medical care provider's approval for her participation. If Sponsor is aware that Student is under treatment for any physical infirmity, ailment or illness, this should be disclosed to the Program and Student's medical care provider should be informed of and has approved Student's participation in the Program. Sponsor acknowledges that Sponsor, and Sponsor alone, is solely responsible for Student's personal health and safety, and the personal property Student brings with him or her. Sponsor acknowledges that the medical insurance information Sponsor has provided on the Medical Form is current and complete and that Sponsor is solely responsible for procuring and maintaining all medical insurance Sponsor deems

necessary and that the Released Parties have recommended that Sponsor procure and/or maintain medical insurance.

Sponsor accepts full responsibility for any costs incurred for medical treatment due to failure to procure or maintain insurance, or providing outdated or falsified insurance information. Sponsor understands that it is ultimately Sponsor's responsibility to provide payment to any hospital/emergency response technicians/emergency transport company that may provide services to Student as a result of injury/illness during the Programs.

Sponsor agrees that this Release extends to all claims of every nature and kind whatsoever, and hereby expressly waives all rights under California Civil Code section 1542 which provides as follows:

“A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.”

Sponsor agrees to indemnify the Released Parties from any and all actions, causes of action, claims, demands, damages, costs (including attorneys' fees), expenses, liabilities and charges, known or unknown (the "Liabilities") arising out of or in connection with claims and/or actions relating to or brought by or on behalf of Student, including, without limitation, claims related to or arising out of the Minor's participation in the Program. Initials: ____ .

6. AUTHORIZATION FOR MEDICAL CARE AND RECORDS. In the event of an accident, injury, illness, or other medical necessity, Sponsor hereby authorizes New Leaf to: (a) provide emergency first aid to the Student in the field and en route to any hospital or clinic, (b) arrange for any medical, dental, psychiatric, hospital, ambulance or other health-related care for the Student deemed necessary by New Leaf's staff; and (c) authorize a physician, dentist or other health-care professional(s) to perform any procedure(s) that the health-care professional(s) deems necessary for the well-being of the Student. All costs and expenses incurred for these services shall be the sole responsibility of the Sponsor. Sponsor also authorizes New Leaf to arrange for a physical examination (including a drug screen urine/blood test, at New Leaf's option) and any psychological assessments of the Student deemed necessary by New Leaf prior to the Student's beginning the Program. Sponsor also authorizes any and all medical doctors, psychiatrists, psychologists, counselors, therapists, hospitals, clinics and treatment centers that have treated or counseled the Student, and whose names Sponsor shall provide to New Leaf, to release all information regarding the Student's medical and/or psychological history, diagnoses and treatments to New Leaf upon request. New Leaf shall handle all such protected health information (also "PHI") pursuant to the guidelines promulgated in the Health Insurance Portability & Accountability Act ("HIPAA") of 1996.

7. AUTHORIZATION FOR SEARCH AND SEIZURE. Sponsor hereby authorizes New Leaf personnel to search the person and personal effects of the Student at any time upon reasonable suspicion. New Leaf is further authorized to confiscate any and all items deemed by New Leaf to be contraband or counterproductive to the Student's successful completion of the Program. The disposition of all items confiscated by New Leaf shall be left to the sole discretion of New Leaf.

8. AUTHORIZATION TO CONTROL AND DETAIN STUDENT. Sponsor hereby authorizes New Leaf personnel to physically control and detain the Student when necessary to return the Student to the Program if the Student runs away or to prevent the Student from jeopardizing the Student's own safety or the safety of others. In the event of a runaway, all appropriate law enforcement agencies or security personnel of any federal, state, county or municipal entity are hereby directed to detain and retain custody of the Student until Sponsor or any personnel of New Leaf arrive, at which time New Leaf personnel may re-obtain custody or control of the Student or authorize continued custody by the law enforcement agency until travel

is arranged for the Student's return home.

9. RESEARCH AUTHORIZATION. Sponsor hereby authorizes New Leaf to use data from the Student's records, tests, and assessments for purposes of ongoing research, provided that the Student's name and identity will be kept confidential and not used in any published materials.

10. EARLY TERMINATION BY NEW LEAF/LIQUIDATED DAMAGES. New Leaf reserves the right to terminate this Agreement at any time due to: (i) failure of Sponsor to pay any amounts due under paragraph 4; (ii) illegal, uncontrollable, or dangerous behavior by the Student; (iii) discovery of any unprompted or previously unknown physical, medical, mental, or emotional problem(s) of the Student; or (iv) for any other reason if New Leaf deems it necessary for the protection of the Student, any other student(s) or the integrity of New Leaf's Program. In the event that New Leaf elects to terminate the Student pursuant to the terms of this paragraph, Sponsor understands and agrees that Sponsor shall immediately (1) pay all outstanding account balances and tuition through the end of the month in which the Student is withdrawn and (2) forfeit the last month's pre-paid tuition. The forfeiture of the last month's pre-paid tuition reflects the recognition that certain costs associated with making the program available to the Student are incurred, whether or not the program is completed, including such items as salaries, inventories, and other general operating expenses. Therefore, Sponsor understands and agrees that the policy of non-refundable payments and expenses is a reasonable estimate of the losses (i.e., Liquidated Damages) the program incurs with the early termination of Student. If applicable, Sponsor shall be refunded any remaining pre-paid tuition thereafter.

11. SPONSOR EDUCATION PROGRAM AND COOPERATION. Sponsor agrees to attend the workshops for parents and guardians of the students conducted by New Leaf during the Program, and to give Sponsor's full cooperation to New Leaf personnel throughout the Program, in order to maximize the benefits of the Program for the Student and the Sponsor. Sponsor also agrees to read any educational materials and watch any video programs sent to Sponsor by New Leaf, and to fill out and return to New Leaf any interactive educational materials, while the Student is in the Program.

12. ESCORTS. If an escort is required to bring the Student to Oregon for the Program, Sponsor agrees that any escort or escort service used by Sponsor, whether or not Sponsor is referred to the escort by New Leaf, is in all respects an independent contractor contracting directly with Sponsor. Sponsor agrees that New Leaf bears no responsibility of any kind for any such escort service or the negligence or failure thereof.

13. HEALTH INSURANCE. Sponsor warrants that the Student is presently covered, and will for the duration of the Program be covered, by adequate health insurance covering claims that may arise in connection with any accident, injury or illness that the Student may suffer or incur during the Program. Whatever deductibles or coverage exclusions may apply in a given case shall be satisfied entirely by Sponsor.

14. EMANCIPATION. Sponsor warrants that the Student is a minor, both by age and as a matter of law, that the Student does not qualify under the law as an "emancipated minor," and that the laws of the Student's state of residence permit Sponsor to place the Student in the Program without the Student's consent.

15. DELAYED PERFORMANCE. Except for the obligation to make payments when due hereunder, all other obligations under this Agreement shall be suspended for so long as one or both Parties hereto are prevented from performing hereunder by acts of God/nature, the elements, acts of federal, state or local governments, agencies or courts, damage to or destruction or unavoidable shut-down of necessary facilities, or other matters beyond their reasonable control; provided, however, that any party so prevented from complying with its obligations hereunder shall promptly notify the other party thereof and shall exercise due diligence to remove and overcome the cause of such inability to perform as soon as practicable.

16. BINDING ARBITRATION. Any controversy or claim arising out of or relating to

this contract, except at New Leaf's option the collection of monies owed by Sponsor to New Leaf, shall be settled by binding arbitration conducted in the State of California in accordance with the rules of the American Arbitration Association. Judgment upon the award rendered by the arbitrator(s) may be entered in any court of competent jurisdiction for purposes of executing upon the award.

17. ATTORNEY'S FEES. In the event that either party is found in default or material breach of any specific promise, term or condition expressly set forth in this Agreement by an arbitrator(s) or a court of competent jurisdiction, said party shall be liable to pay all reasonable attorneys' fee, court costs and other related collection costs and expenses incurred by the other party in enforcing its contractual rights hereunder in said arbitration and/or court proceeding(s). In addition, Sponsor agrees to compensate New Leaf for all reasonable attorneys' fees and costs incurred by New Leaf in connection with those matters concerning which Sponsor has agreed to pay or indemnify New Leaf hereunder herein.

18. NOTICES. Any and all notices, payments, reports and other correspondence required hereunder shall be deemed to have been properly given or delivered when made in writing and delivered personally to the party to whom directed, or when sent by United States mail with all necessary postage or charges fully prepaid, and addressed to the party to whom directed at its below specified address (or a new address after written notice of such change is given to the other party).

NEW LEAF OREGON
17777 Center Court Drive, Suite 300
Cerritos, CA 90703

19. AMENDMENTS. This agreement may be amended at any time upon mutual agreement of the parties hereto, but any amendment(s) must first be reduced to writing and signed by both parties in order to become effective.

20. WAIVER. A waiver by any party of any provision hereof, whether in writing or by course of conduct or otherwise, shall be valid only in the instance for which it is given, and shall not be deemed a continuing waiver of said provision, nor shall it be construed as a waiver of any other provision hereof.

21. PARAGRAPH HEADING. The paragraph headings of this Agreement are inserted only for convenience and in no way define, limit or describe the scope or intent of this Agreement nor affect its terms and provisions.

22. GOVERNING LAW / VENUE. This Agreement, and all matters relating hereto, including any matter or dispute arising between the parties out of this Agreement, tort or otherwise, shall be interpreted, governed, and enforced according to the laws of the State of California; and the Parties consent and submit to the exclusive jurisdiction and venue of the California Courts in Los Angeles County, California, and any qualified (American Arbitration Association-approved) arbitration service in the State of California, County of Los Angeles, to enforce this Agreement. The parties acknowledge that this agreement constitutes a business transaction within the State of California.

23. SEVERABILITY. In the event that any provision of this Agreement, or any operation contemplated hereunder, is found by a court of competent jurisdiction to be inconsistent with or contrary to any law, ordinance, or regulation, the latter shall be deemed to control and the Agreement shall be regarded as modified accordingly and, in any event, the remainder of this Agreement shall continue in full force and effect.

24. NUMBER. As used in this Agreement, the term "Sponsor" shall include all Sponsors, being the parent(s) and/or guardian(s) executing this Agreement; and singular pronouns shall include the plural and plural pronouns shall include the singular, whenever the context so

requires.

25. ACKNOWLEDGMENT/ENTIRE AGREEMENT. Sponsor hereby acknowledges that Sponsor has read this Agreement and that Sponsor understands and consents to all of its provisions; that this Agreement constitutes the entire agreement between the parties hereto with respect to the subject matter hereof; and that all other prior agreements, promises, expectations and conditions, oral or written, between the parties are incorporated herein. Other than the express commitments set forth in this Agreement and the Program description, New Leaf gives no warranties of any kind, express or implied, to either the Sponsor or the Student concerning the Program; and Sponsor acknowledges that Sponsor is not relying on any warranties or representations of any kind other than the express commitments of New Leaf set forth herein.

26. BINDING EFFECT. This Agreement shall be binding upon and inure to the benefit of the parties hereto, their heirs, personal representatives, successors and assigns.

27. RELEASE OF INFORMATION. The parties authorize the release of the Student's information via E-mail, Internet technology, voice mail or U.S. mail. While every effort will be made to maintain confidentiality, New Leaf accepts no responsibility for the mistransmission that could result in information becoming available to someone other than the intended receiver. New Leaf shall handle all such protected health information (also "PHI" pursuant to the guidelines promulgated in the Health Insurance Portability & Accountability Act ("HIPAA") of 1996.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the dates set forth below.

_____	_____
Sponsor(Mother/guardian)	Date

_____	_____
Sponsor (Father/guardian)	Date

Accepted:

New Leaf Academy of Oregon
Kari Pickel, Director of Admissions

Outline of the Inclusive Tuition Rate and Possible Student Expenses

Items Included in the Inclusive Tuition Rate

- Weekly activities
- Transportation to and from airport
- Rabbits
- Basic art supplies
- Mount Bachelor activities
- Basic rabbit care
- Art Classes
- Sports jerseys and shin guards
- Sports registrations
- Holiday activities
- 4H enrollment fee and fair activities
- Sports pictures
- Health Classes
- Parent seminars
- Allowances
- Hosiery & tights
- Year Books
- Journals
- June break week trip

Basic Toiletries Included:

- Shampoo
- Conditioner
- Razors
- Lotions
- Face wash
- Body Wash
- Toothbrushes
- Toothpaste
- Mouthwash
- Dental floss
- Hair Brushes
- Shaving Cream
- Chap Stick
- Deodorant

Should a special item be preferred or needed, it will be the responsibility of the parent or guardian to provide their child with that item during a visit or to mail it to them. Please provide only enough to last until the next visit (about 1 bottle) as storage space is limited.

Items Not Included and Billing Procedures for Them

There are a few items that are not covered by the inclusive tuition rate, and these items are outlined below as well as the billing procedures for them.

Medications and Dietary Supplements:

The cost of **medications** from our local pharmacy, Bend Pill Box, will continue to be the responsibility of each parent or guardian. Each family will have an account set up with Bend Pill Box and will have a credit card on file charged for medications directly by the pharmacy. Attached is a credit card authorization form for this purpose.

Any **vitamins, protein bars or dietary supplements** that can not be purchased through Bend Pill Box will be the responsibility of the parent or guardian and only enough product to last until the next visit should be given to the girl during a visit or mailed to them.

There will be a flat monthly fee for accommodating **special dietary needs**. This amount will be determined on a case by cases basis, based on the dietary need.

Any **emergency medications or unexpected items** that can't wait to be purchased during the next visit will be purchased and billed to you on your monthly invoice.

Medical, Dental or Other Health Care: The costs of health care and dental visits will continue to be the responsibility of each parent or guardian. **All bills will be sent to the parent or guardian and they will be responsible for mailing the payment to the provider.** Should an account become significantly past due, New Leaf Academy will notify the parent or guardian of the past due balance and will charge that amount to the credit card on file if needed. Attached is a credit card authorization form for this purpose.

Psychiatric and Clinical Services: We will continue to bill you on your monthly invoice for **psychiatric or clinical services** provided by **Dr. Montoya, Dr. Morrison and Suzy Rosen**.

Psychological Testing: If testing is done by any other professional, the parent or guardian must pay that professional directly for their services, unless the testing is currently underway or has already been ordered.

Stationary, Stamps: Parents will provide stationary and stamps to the student and replenish these supplies by mail or at visits.

Cameras and Film Development: Disposable cameras and film developing are the responsibility of the parent or guardian and are encouraged as a way to connect and be involved with your daughter. Girls will be asked to give film to be developed to parents and guardians during visits. The pictures can then be given to the girls during a visit or can be mailed to them.

Sending Items Home or Shipping: Any items that need to be returned home should be given to a parent or guardian during a visit. We will ship items for special occasions only (Mother's Day gift, Father's Day gift, etc.) and any shipping costs over ten dollars will be billed to you on your monthly invoice.

Home Visit Related Expenses

New Leaf Academy will give each student \$25 to be used for emergency purposes during home visit flights, will pay for any escort or luggage fees and will then bill the parent/guardian for all cash used for these expenses.

**Please note that it is the parent's or guardian's responsibility to tell the student's counselor that escort money will be needed so that she can arrange to have this cash ready for the trip.

Overnight Trips: **The costs for overnight trips are the responsibility of the parent or guardian.**

These include the rafting trip, therapeutic retreat, coast trip, Washington D.C. trip and any other overnight trips. All of these trips are optional except for the rafting trip and therapeutic retreat, which will be a total of \$600.00 on your July invoice. Parents who elect not to have their children attend the optional trips will be supported when the time comes to tell their children about their decision. Please note that girls who are not going on a specific trip will have fun activities scheduled at New Leaf Academy and will not be "left out" or penalized for not attending the activity.

NEW LEAF ACADEMY
Permission for Release of School Records

I hereby authorize those schools listed below to release information regarding:

<hr/>	<hr/>	<hr/>	<hr/>
<i>Student Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Date of Birth</i>

Please send the following records:

1. Copy of Official Transcript and/or Narrative Record for past 2 years (this may include: state testing, benchmarks, report cards, etc.)
2. Copy of current IEP or 504 plan (if applicable)
3. Copy of WIATT and Woodcock Johnson testing (current within past year)
4. Any areas of commendation or concern
5. Record of attendance

Please forward to:

Director of Academics
New Leaf Academy
PO Box 6454
Bend, OR 97708-6454

Please list all elementary and/or middle schools attended:

<i>Name of School</i>	<i>Address</i>	<i>Dates Attended</i>
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Parent or Guardian Signature	Date

New Leaf Academy
Physical Examination

Name of Student _____ Date of Exam _____

Date of Birth _____ Age _____ Ht _____ Wt _____ BP _____
Pulse _____

EXAM _____

Integument _____	Head _____
Eyes: Glasses? _____	Vision R _____ L _____
Fundiscopic: _____	
Ears _____	Nose _____
Throat _____	Neck _____
Lymph _____	Chest _____
Heart _____	Abdomen _____
Genitalia _____	Neurological _____
Musculoskeletal _____	Scoliosis _____

Significant Findings/Recommendations _____

Are there any physical impairments which would limit this student's participation in vigorous physical activities? _____

Please list all current medical problems which are now under treatment. Include all medications being taken and dosage _____

Required laboratory tests and immunizations. Please attach results.

Urinalysis _____	VDRL _____
CBC w/ differential _____	Pregnancy _____
Glucose _____	Gonorrhea (if indicated) _____

Tuberculosis Skin Test (PPD) or Chest X-Ray (both within past year)
Date _____ Results _____ If positive, has child received prophylactic treatment? _____

Tetanus (within past 10 years) date _____

Physician Signature _____

Address _____

Phone/Fax _____

Please fax completed form to (541) 318-1709 or
Send to PO Box 6454, Bend, OR 97708-6454

MEDICAL/PRESCRIPTION INFORMATION

TO BE COMPLETED BY PRESCRIBING DOCTOR

Name of Patient _____

Name of Doctor/Psychotherapist _____

Facility/Treatment Center _____

Address _____

Phone _____

Diagnoses _____

CURRENT MEDICATIONS (Please bring 30 days filled script to enrollment)

Current Medication/Dosage	Date Prescribed	Target Symptoms Being Treated	Response

PAST MEDICATIONS

Medication/Dosage	Date (Fr/To)	Diagnosis/Symptoms Being Treated	Response

Please attach chart notes if available.

Signature _____

Date _____

Please remit to: New Leaf Academy, PO Box 6454, Bend, OR 97708-6454

Fax: 541-318-1709

NEW LEAF ACADEMY OF OREGON

Consent to Examination and Treatment

Student Last Name	First Name	Middle Name	Date of Birth
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I hereby authorize and consent to medical or surgical diagnosis and/or treatment and hospitalization to be rendered to the above-named minor child. Such diagnosis, treatment and care shall be under the general or specific supervision and advice of a physician licensed to practice medicine in the State of Oregon. I also consent to dental or oral surgical diagnosis and/or treatment and hospitalization to be rendered to the above-named minor child. Such care shall be under the general or specific supervision and advice of dentist and/or oral surgeon licensed to practice dentistry in the State of Oregon.

I hereby authorize and consent to diagnosis and/or treatment to be rendered to the above-named minor child by a psychologist and/or psychiatrist licensed to practice in the State of Oregon, including psychological and educational testing.

I understand that I am responsible for all medical, dental, psychological and/or psychiatric treatment expenses.

I have read or had read to me the foregoing statements and understand their content.

Parent or Guardian Signature	Date
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MEDICAL INSURANCE INFORMATION

Insurance Company or Provider: _____
Name of Insured: _____
Policy Number: _____
Group Number: _____
Employer or Company Name (if group policy) _____
Birth Date of Insured: _____
Social Security Number of Insured: _____
Billing Address of Insured: _____

DENTAL INSURANCE INFORMATION

Insurance Company or Provider: _____
Name of Insured: _____
Policy Number: _____
Group Number: _____
Employer or Company Name (if group policy) _____
Birth Date of Insured: _____
Social Security Number of Insured: _____
Billing Address of Insured: _____
Known Allergies of Student (to medication or otherwise) _____

RELEASE OF MEDICAL INFORMATION

I hereby authorize release of any medical information regarding the above-named minor child to the personnel of New Leaf Academy of Oregon.

Parent or Guardian Signature

Date

NOTARY PUBLIC

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal, this the _____ day of _____, 200___. Notary Public _____

My commission expires_____.

Credit Card Authorization

MEDICAL CHARGES

I hereby give my consent to New Leaf Academy to use my credit card as needed to pay for past due balances with any medical, dental or health care provider. I understand that I will be notified before this is done. It is my responsibility to phone New Leaf Academy's business office at 541-318-1676 if a card change is needed.

Circle One: American Express Visa Mastercard

Number _____ Expiration date _____

Billing name and address

By signing below, I understand and agree to the above statements relating to charges to my credit card and authorize New Leaf Academy to process such transactions related to my child's services and treatment.

Signature of Card Holder _____ Date _____

INVOICE CHARGES

I hereby give my consent to New Leaf Academy to use my credit card to pay for my monthly invoice with the credit card number listed below, if my account is past due. I understand that each invoice will be emailed to me around the 15th of the month and that my credit card will be charged automatically around the 10th of the following month if the account is not current. I understand that I will be notified before this is done. I also understand that it is my responsibility to phone New Leaf Academy's business office at 541-318-1676 if a card change is needed or if I no longer wish to have this card charged each month.

Please automatically charge my card each month to pay for invoice charges Yes No

Circle One: American Express Visa Mastercard

Number _____ Expiration date _____

Billing name and address

By signing below, I understand and agree to the above statements relating to charges to my credit card and authorize New Leaf Academy to process such transactions related to my child's services and treatment.

Signature of Card Holder _____ Date _____

NEW LEAF ACADEMY
Emergency Contact List

In the unlikely event of an emergency, please list, in order of preference, who should be notified. Please include one contact person who is NOT a parent (please print or type):

Parents and/or Guardians:

Name		Relationship	
Phone	Cell	E-Mail	
Address	City	State	Zip+4

Name		Relationship	
Phone	Cell	E-Mail	
Address	City	State	Zip+4

Others, should parent(s) or guardian(s) be unavailable:

Name		Relationship	
Phone	Cell	E-Mail	
Address	City	State	Zip+4

Name		Relationship	
Phone	Cell	E-Mail	
Address	City	State	Zip+4

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

NOTICE OF PRIVACY POLICY

Effective July 1, 2005

The following is the privacy policy (“Privacy Policy”) of New Leaf Academy (“Covered “Entity”) as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, commonly known as HIPAA. HIPAA requires Covered Entity by law to maintain the privacy of your personal health information and to provide you with notice of Covered Entity’s legal duties and privacy policies with respect to your personal health information. We are required by law to abide by the terms of this Privacy Notice.

Your Personal Health Information

We collect personal health information from you through treatment, payment and related healthcare operations, the application and enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Your personal health information that is protected by law broadly includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans. The law specifically protects health information that contains data, such as your name, address, social security number, and others, that could be used to identify you as the individual patient who is associated with that health information.

Uses or Disclosures of Your Personal Health Information

Generally, we may not use or disclose your personal health information without your permission. Further, once your permission has been obtained, we must use or disclose your personal health information in accordance with the specific terms that permission. The following are the circumstances under which we are permitted by law to use or disclose your personal health information.

Without Your Consent

Without your consent, we may use or disclose your personal health information in order to provide you with services and the treatment you require or request, or to collect payment for those services, and to conduct other related health care operations otherwise permitted or required by law. Also, we are permitted to disclose your personal health information within and among our workforce in order to accomplish these same purposes. However, even with your permission, we are still required to limit such uses or disclosures to the minimal amount of personal health information that is reasonably required to provide those services or complete those activities.

Examples of treatment activities include: (a) the provision, coordination, or management of health care and related services by health care providers; (b) consultation between health care providers relating to a patient; or (c) the referral of a patient for health care from one health care provider to another.

Examples of payment activities include: (a) billing and collection activities and related data processing; (b) actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims; (c) medical necessity and appropriateness of care reviews, utilization review activities; and (d) disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement.

Examples of health care operations include:

- (a) development of clinical guidelines; (b) contacting patients with information about treatment alternatives or communications in connection with case management or care coordination; (c) reviewing the qualifications of and training health care professionals; (d) underwriting and premium rating; (e) medical review, legal services, and auditing functions; and (f) general administrative activities such as customer service and data analysis.

As Required By Law

We may use or disclose your personal health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. *Examples of*

instances in which we are required to disclose your personal health information include: (a) public health activities including, preventing or controlling disease or other injury, public health surveillance or investigations, reporting adverse events with respect to food or dietary supplements or product defects or problems to the Food and Drug Administration, medical surveillance of the workplace or to evaluate whether the individual has a work-related illness or injury in order to comply with Federal or state law; (b) disclosures regarding victims of abuse, neglect, or domestic violence including, reporting to social service or protective services agencies; (c) health oversight activities including, audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs; (d) judicial and administrative proceedings in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process; (e) law enforcement purposes for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, or reporting crimes in emergencies, or reporting a death; (f) disclosures about decedents for purposes of cadaveric donation of organs, eyes or tissue; (g) for research purposes under certain conditions; (h) to avert a serious threat to health or safety; (i) military and veterans activities; (j) national security and intelligence activities, protective services of the President and others; (k) medical suitability determinations by entities that are components of the Department of State; (l) correctional institutions and other law enforcement custodial situations; (m) covered entities that are government programs providing public benefits, and for workers' compensation.

All Other Situations, With Your Specific Authorization

Except as otherwise permitted or required, as described above, we may not use or disclose your personal health information without your written authorization. Further, we are required to use or disclose your personal health information consistent with the terms of your authorization. You may revoke your authorization to use or disclose any personal health information at any time, except to the extent that we have taken action in reliance on such authorization, or, if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.

Miscellaneous Activities, Notice

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may contact you to raise funds for Covered Entity. If we are a group health plan or health insurance issuer or HMO with respect to a group health plan, we may disclose your personal health information to be sponsor of the plan.

Your Rights With Respect to Your Personal Health Information

Under HIPAA, you have certain rights with respect to your personal health information. The following is a brief overview of your rights and our duties with respect to enforcing those rights.

Right To Request Restrictions On Use Or Disclosure

You have the right to request restrictions on certain uses and disclosures of your personal health information about yourself. *You may request restrictions on the following uses or disclosures:* to carry out treatment, payment, or healthcare operations; (b) disclosures to family members, relatives, or close personal friends of personal health information directly relevant to your care or payment related to your health care, or your location, general condition, or death; (c) instances in which you are not present or your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; (d) permitting other persons to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of personal health information; or (e) disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

While we are not required to agree to any requested restriction, if we agree to a restriction, we are bound not to use or disclose your personal healthcare information in violation of such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law.

Right To Receive Confidential Communications

You have the right to receive confidential communications of your personal health information. We may require written requests. We may condition the provision of confidential communications on you providing us with information as to how payment will be handled and specification of an alternative address or other method of contact. We may require that a request contain a statement that disclosure of all or a part of the information to which the request pertains could endanger you. We may not require you to provide an explanation of the basis for your request as a condition of providing

communications to you on a confidential basis. We must permit you to request and must accommodate reasonable requests by you to receive communications of personal health information from us by alternative means or at alternative locations. If we are a health care plan, we must permit you to request and must accommodate reasonable requests by you to receive communications of personal health information from us by alternative means or at alternative locations if you clearly state that the disclosure of all or part of that information could endanger you.

Right To Inspect And Copy Your Personal Health Information

Your designated record set is a group of records we maintain that includes Medical records and billing records about you, or enrollment, payment, claims adjudication, and case or medical management records systems, as applicable. You have the right of access in order to inspect and obtain a copy your personal health information contained in your designated record set, *except for* (a) psychotherapy notes, (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (c) health information maintained by us to the extent to which the provision of access to you would be prohibited by law. We may require written requests. We must provide you with access to your personal health information in the form or format requested by you, if it is readily producible in such form or format, or, if not, in a readable hard copy form or such other form or format. We may provide you with a summary of the personal health information requested, in lieu of providing access to the personal health information or may provide an explanation of the personal health information to which access has been provided, if you agree in advance to such a summary or explanation and agree to the fees imposed for such summary or explanation. We will provide you with access as requested in a timely manner, including arranging with you a convenient time and place to inspect or obtain copies of your personal health information or mailing a copy to you at your request. We will discuss the scope, format, and other aspects of your request for access as necessary to facilitate timely access. If you request a copy of your personal health information or agree to a summary or explanation of such information, we may charge a reasonable cost-based fee for copying, postage, if you request a mailing, and the costs of preparing an explanation or summary as agreed upon in advance. We reserve the right to deny you access to and copies of certain personal health information as permitted or required by law. We will reasonably attempt to accommodate any request for personal health information by, to the extent possible, giving you access to other personal health information after excluding the information as to which we have a ground to deny access. Upon denial of a request for access or request for information, we will provide you with a written denial specifying the legal basis for denial, a statement of your rights, and a description of how you may file a complaint with us. If we do not maintain the information that is the subject of your request for access but we know where the requested information is maintained, we will inform you of where to direct your request for access.

Right To Amend Your Personal Health Information

You have the right to request that we amend your personal health information or a record about you contained in your designated record set, for as long as the designated record set is maintained by us. We have the right to deny your request for amendment, if: (a) we determine that the information or record that is the subject of the request was not created by us, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment, (b) the information is not part of your designated record set maintained by us, (c) the information is prohibited from inspection by law, or (d) the information is accurate and complete. We may require that you submit written requests and provide a reason to support the requested amendment. If we deny your request, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services (“DHHS”). This denial will also include a notice that if you do not submit a statement of disagreement, you may request that we include your request for amendment and the denial with any future disclosures of your personal health information that is the subject of the requested amendment. Copies of all requests, denials, and statements of disagreement will be included in your designated record set. If we accept your request for amendment, we will make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by you as having received personal health information of yours prior to amendment and persons that we know have the personal health information that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to your detriment. All requests for amendment shall be sent to New Leaf Academy, P.O. Box 6454, Bend, OR 97708.

Right To Receive An Accounting Of Disclosures Of Your Personal Health Information

Beginning April 14, 2003, you have the right to receive a written accounting of all disclosures of your personal health information that we have made within the six (6) year period immediately preceding the date on which the accounting is requested. You may request an accounting of disclosures for a period of time less than six (6) years from the date of the request. Such disclosures will include the date of each disclosure, the name and, if known, the address of the entity or person who received the information, a brief description of the information disclosed, and a brief statement of the purpose

and basis of the disclosure or, in lieu of such statement, a copy of your written authorization or written request for disclosure pertaining to such information. *We are not required to provide accountings of disclosures for the following purposes:* (a) treatment, payment, and healthcare operations, (b) disclosures pursuant to your authorization, (c) disclosures to you, (d) for a facility directory or to persons involved in your care, (e) for national security or intelligence purposes, (f) to correctional institutions, and (g) with respect to disclosures occurring prior to 4/14/03. We reserve our right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. We will provide the first accounting to you in any twelve (12) month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period. All requests for an accounting shall be sent to New Leaf Academy, P.O. Box 6454, Bend, OR 97708.

Complaints

You may file a complaint with us and with the Secretary of DHHS if you believe that your privacy rights have been violated. You may submit your complaint in writing by mail or electronically to our privacy officer, Craig Christiansen at New Leaf Academy, P.O. Box 6454, Bend, OR 97708, 541-318-1676, admissions@newleafacademy.com. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

Amendments to this Privacy Policy

We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all personal health information we maintain even if created or received prior to the effective date of the revision or amendment. We will provide you with notice of any revisions or amendments to this Privacy Policy, or changes in the law affecting this Privacy Notice, by mail or electronically within 60 days of the effective date of such revision, amendment, or change.

~~~~~**On-going Access to Privacy Policy**

We will provide you with a copy of the most recent version of this Privacy Policy at any time upon your written request sent to Craig Christiansen, P.O. Box 6454, Bend, OR 97708 or at the following website address: [admissions@newleafacademy.com](mailto:admissions@newleafacademy.com). For any other requests or for further information regarding the privacy of your personal health information, and for information regarding the filing of a complaint with us, please contact our privacy officer Christy Christiansen at the address, telephone number, or e-mail address listed above.

**WRITTEN ACKNOWLEDGEMENT**

I acknowledge that I have reviewed the Notice of Privacy Practices which provides a description of information uses and disclosures. I understand that I have the right to request restrictions as to how my health information may be used or disclosed and that the organization is not required to agree to the restrictions I request.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Internet Use Policy Administrative Regulations

### Privilege

Internet use is a privilege, not a right or entitlement. Violation of administrative regulations may result in loss of that privilege. New Leaf Academy of Oregon (hereafter referred to as “the academy”), reserves the right to determine appropriate use and to revoke or suspend student and/or staff internet privileges for failure to follow these rules for internet use, as defined.

### Acceptable Use

**Educational and academy communication purposes only.** The purpose of the internet is to (a) facilitate communication in support of student and staff research and education, and (b) facilitate communication between corporate, program and academy staff in support of academy operations and training.

Internet technology is not to be used for playing games, promoting personal or political interests, relay of jokes, chat rooms/lines or instant messages.

To keep user privileges, use must be in support of and consistent with the educational, operations and/or staff development objectives of New Leaf Academy of Oregon.

Any question as to the appropriateness of the contemplated activity requires consultation with staff and/or staff supervisor.

### Unacceptable Use

Uses that violate local, state or federal law or encourage others to violate said laws.

Transmission of any material in violations of said law(s) is prohibited. For example: transmitting offensive or harassing messages, offering for sale or use any substance prohibited by academy rules, viewing, transmitting or downloading pornographic materials or violating the law, intruding or “hacking” into networks or computers of others and downloading or transmitting confidential, trade secret information, or copyrighted materials. All of the preceding materials are protected unless there is explicit permission to use them.

Uses that cause harm to others or damage their property: (1) engaging in defamation (lying to harm another’s reputation); (2) employing another user’s password or some other identifier that misleads message recipients; (3) uploading a “worm”, a virus or other harmful form of programming or vandalism.

Uses that jeopardize the security of student or staff access and/or of the computer network or other networks; for example, disclosing or sharing passwords with others, impersonating another user or attempting to gain access to databases that are secure and proprietary.

Unauthorized selling or buying anything over the internet,

Uses that arrange face-to-face meetings with anyone met on the internet.

### Monitoring

All computer and other equipment used to access the internet is the property of the academy. The academy reserves the right to review any material stored on its computer facilities and to monitor filespace to make determinations on the appropriateness of use. The academy has the right to review and monitor user accounts and filespace for any reason including suspicion that inappropriate or illegal activity is taking place. Network information files shall be and remain the property of the academy and no user shall have any expectation of privacy regarding such material.

### Filtering

Each academy computer with internet shall have a filtering device that blocks entry to visual depictions that are obscene, pornographic, harmful or inappropriate for students, as defined by the *Children’s Internet Protection Act* (CIPA) and as determined by the Executive Director or his/her designee. If academy staff observe a site they believe to contain inappropriate or non-educational/non-operations materials according to the criteria outlined in this document, they may request that the site (URL) be blocked. The Executive Director or his/her designee shall enforce the use of such filtering devices.

### Encounter of Controversial Material

Users may encounter material that is considered controversial, inappropriate, offensive or of little

educational or operational value. It is the responsibility of the user not to initiate access to such material or not review such material should it appear. In such cases, the user has a responsibility to notify a person in authority.

Penalties for Improper Use

Any user violating these rules, applicable local, state and/or federal laws, or academy rules are subject to loss of internet and/or computer privileges and other disciplinary action.

In addition, pursuant to State of Oregon law, any unauthorized access, attempted access or use of any academy computing and/or network system may be subject to criminal prosecution.

Parental Review

Upon review of this policy by the parent or legal guardian, and returning the signed form required, each student will be given the opportunity to enjoy supervised internet access in the academic setting within the parameters of the policy.

**Signature Authorization**

**Parent or Legal Guardian**

As the parent or legal guardian for \_\_\_\_\_, I have read the New Leaf Academy of Oregon Internet Use Policy. I understand that access to the internet is designed for educational purposes only and that the academy has taken measures to eliminate inappropriate material. I understand that the academy will, to the extent possible, control access to internet news sources, chat rooms and sites, and any other resources that are considered inappropriate. I also recognize that such restrictions are not guaranteed. Accordingly, I will not hold Aspen Education Group, Inc. and/or New Leaf Academy of Oregon responsible for materials acquired on the internet. I further understand that the above-named student may have internet privileges restricted, suspended or terminated for violations of this policy. I hereby give my permission for this student to have supervised access the internet in the academic setting.

Parent/Guardian Name: \_\_\_\_\_

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

**NEW LEAF ACADEMY  
PHOTOGRAPH RELEASE OF LIABILITY**

For all participants, please read carefully:

I \_\_\_\_\_, (the "Parent/Guardian"), on behalf of myself and \_\_\_\_\_, (the "Minor") acknowledge that we wish to participate in the promotional Photographs taken by Aspen staff regarding the programs and activities **New Leaf Academy** and Aspen Education Group (collectively "AEG") and other events (collectively hereafter the "Promotion"). We further authorize **New Leaf Academy** to take and utilize the photographs of my son/daughter for the purpose of: NLA Yearbook and activities during the program, without any compensation to the Parent or the Student.

In consideration for being permitted to participate in the Promotion, we agree to waive our and the Student's rights of publicity and privacy in connection herewith. We, the Parent/Guardian, do hereby agree to indemnify the Released Parties from any and all actions, causes of action known or unknown arising out of or in connection with claims and/or actions relating to or brought by or on behalf of the Minor.

The undersigned have carefully read this Waiver and Release and fully understand its contents. The undersigned certify that the undersigned Parent/Guardian is at least 17 years of age and is the legal guardian of the above mentioned minor.

THIS IS AN IMPORTANT LEGAL DOCUMENT.  
READ IT CAREFULLY BEFORE SIGNING BELOW.

\_\_\_\_\_  
PRINT NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF STUDENT

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE



**THERAPEUTIC SCHOOL STUDENT  
CONSENT for RELEASE of INFORMATION**

I hereby authorize \_\_\_\_\_  
(Therapeutic School Name)

to release information from the records of: \_\_\_\_\_  
(Student's Name)

The information is to be released to: Healing Reins Therapeutic Riding Center  
for the purpose of developing a Therapeutic Riding Program for the above named student. The  
information to be released is marked below.

\_\_\_\_\_ Treatment Plan  
\_\_\_\_\_ Therapist Assessment Form  
\_\_\_\_\_ Other: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent or Guardian)

Please send the indicated material to:

Healing Reins Therapeutic Riding Center  
60575 Billadeau Rd.  
Bend, OR 97702  
Fax: 541-382-2781



**Healing  
Reins**  
Therapeutic Riding Center

**THERAPEUTIC SCHOOL STUDENT**

**EMERGENCY MEDICAL RELEASE FORM**

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person who is authorized to give temporary assistance in absence of parent or guardian: (This should be a school staff member)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Describe any medical condition requiring special precautions or treatment and any medication and dosage:

(A) None \_\_\_\_\_ (B) Please describe: \_\_\_\_\_

In case of medical emergency the undersigned authorizes \_\_\_\_\_ (school name) to provide medical assistance as they determine necessary.

The undersigned authorizes any licensed physician and/or hospitalization for the rider, including anaesthetic, which they determine necessary or advisable pending receipt of a special consent form from the undersigned.

No person can be accepted for riding instruction until the parent or guardian has completed this form. If the person is of legal age (18), he/she may complete the form, if he/she is legally competent to do so. Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including Healing Reins Therapeutic Riding Center and Faith Run Farms.

Yes, I would like \_\_\_\_\_ (student) to have riding instruction. I understand that NO LIABILITY can be accepted by any organization concerned with this instruction, including FAITH RUN FARMS, in the event of any accident which might occur.

**I HAVE READ THIS ENTIRE RELEASE AND AGREE TO IT**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Parent or Guardian must sign of participant under 18 years)

**Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of riding or while being on the property of the agency. In the event emergency medical treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Parent/Guardian

# **THERAPEUTIC SCHOOL STUDENT**

## **HOLD HARMLESS/RELEASE FAITH RUN FARMS**

1. I agree to comply with all posted barn rules at Faith Run Farms, LLC.
2. I fully understand and assume the risks inherent in equine activities, including handling, transporting, training, riding, showing, jumping, grooming, and boarding horses. Those risks include injury or death to persons and horse, and damage to property.
3. (a) I agree to release and hold harmless the Released Parties, and I promise not to sue them in connection with the following: any and all Damages that result or arise in whole or in part from (1) any equine activities, (2) the performance of services by the Released Parties, (3) any use of the Released Parties' premises, facilities or equipment by me or my family or guests, and/or (4) any failure on my part to abide by any terms of this document. To the maximum extent permitted by law, (i) this provision applies whether or not the Damages result directly or indirectly from any negligent acts or omissions of the Released Parties, and (ii) **ALL IMPLIED WARRANTIES, INCLUDING FITNESS, MERCHANTABILITY OR OTHERWISE, ARE HEREBY EXCLUDED.**  
(b) The "Released Parties" are Faith Run Farms, LLC, Owners, Trainers and their agents.  
(c) "Damages" are damages, costs, liabilities, expenses, claims related to or involving (i) injury or death to persons or horses, or (ii) loss of, damage to property.
4. I agree to pay the Released Parties' attorney fees and costs, to the extent that the Released Parties prevail in any action or proceeding arising from or related to this document.
5. If any provision or term of this document is held to be invalid or unenforceable, the remaining provisions and terms shall remain in effect and be enforceable.
6. All provisions of this document apply to and are binding on me, my minor children and persons for whom I act as guardian if they are listed below, and our heirs, assignees and next of kin.

Name of Parent/Guardian: (print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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

On behalf of (student): \_\_\_\_\_



## **THERAPEUTIC SCHOOL STUDENT**

### **RELEASE & INDEMNITY AGREEMENT for RIDING INSTRUCTION**

The undersigned, individually, and/or as parent, custodian and/or guardian of \_\_\_\_\_ (Student), minor (or other incompetent), for and in consideration of the agreement of Healing Reins Therapeutic Riding Center, Inc. an Oregon non-profit corporation (“Healing Reins”), to provide riding instruction to said Rider, does /do hereby assume all risks and forever releases, acquits, discharges and holds harmless Healing Reins, its directors, officers, trustees, agents, employees, instructors, volunteers, donors, representatives, successors and assigns and lessors (“Releases/Indemnities”) for all manner of claims for damages of every kind and nature whatsoever, which the undersigned or said Rider may now, or in the future have against the Releases/Indemnities on account of death or personal injury, property damage, known or unknown to the Rider and the treatment therefore, or in any way arising out of accidents, occurrences or conditions whether or not caused by the negligent or gross negligent acts of the Releases/Indemnities; and the undersigned.

The undersigned further agrees to defend all claims and suits and indemnify and hold harmless the Releases/Indemnities against all liability claims for personal, injury, death, or property damage sustained by any person, including the undersigned Rider or any Releases/Indemnities, arising out of the riding or driving instructions, including the related activities with the Rider’s assigned horse such as grooming, saddling and harnessing.

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_



**THERAPEUTIC SCHOOL STUDENT**

**PHOTO RELEASE FORM**

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant to Healing Reins Therapeutic Riding Center permission to take or have taken, still and moving photographs and films including television pictures of

\_\_\_\_\_ (student) and consents and authorizes Healing Reins Therapeutic Riding Center and its work, to the use and reproduction of the photographs, films and pictures to circulate and publicize the same by all means including without limit, the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of Healing Reins Therapeutic Riding Center to use or be used such photographs, films and pictures for the primary purpose of promoting and aiding its program and its work.

Parent or Guardian Signature: \_\_\_\_\_

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

New Leaf Academy  
PO Box 6454  
Bend, OR 97708  
Phone (541) 318-1676  
Fax (541) 318-1709

*Authorization for Release of Information*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.I.

Parent or Guardian: \_\_\_\_\_  
Last First

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

I authorize New Leaf Academy to contact:

New Step for Success Coaching  
Person/Agency

7203 SW McVey Avenue, Redmond, OR 97756 541-504-5224  
Address Phone  
Number

to furnish the information detailed below. I understand that this release covers written materials and information shared verbally.

- Release of information to New Leaf Academy from person/agency named above.  
 Release of information to the person/agency named above from New Leaf Academy.

**For the purpose of:**  Coordinating Parent Coaching sessions and informing New Leaf about any parent concerns regarding their daughter or the program \_\_\_\_\_

Kind of information: (parent or guardian *must* initial)  
 Medical  Family/social  Psychiatric  
 Financial  Alcohol/drug  Psychological  Educational  
 Other (specify) \_\_\_\_\_

**Please indicate any information that you do not want released:** \_\_\_\_\_

I consent to the release of the above information. I understand that such information cannot be released without my written consent, except where the agency is required to provide by law: medical emergency, audit, court order, threat of harm to self or others, or mandatory reporting of child/elder abuse. I understand that I can withdraw my permission for this release at any time by written request. This consent, unless expressly revoked earlier, expires one (1) year from the date herein or upon termination or completion of New Leaf Academy.

\_\_\_\_\_  
Signature of Parent/Guardian Date

**Bend's Pill Box Pharmacy**  
 325 NE Franklin Avenue Bend, Oregon 97701  
 (541) 382-1454 phone (541) 382-4599 fax

**Responsible Party Agreement**

Name of Resident \_\_\_\_\_ M or F DOB \_\_\_\_\_  
 Community Name New Leaf Academy Resident Phone (541) 617-8989  
 Name of Person to be Billed \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Relationship to Resident \_\_\_\_\_

**Payment/Insurance Information**

Private Pay     Private Third-Party     Medicaid     Medicare

Insurance Carrier Name \_\_\_\_\_ Policy # \_\_\_\_\_  
(company name) (Attach copy front/back of card)

**I understand and accept the following terms and conditions:**

- I agree that community personnel are authorized to order purchases and charges on behalf of the above named resident.
- I agree to pay all charges incurred by the above named resident that are not paid for by third party payors, including Medicaid, and additional charges for specially-packaged medications.
- I will pay the entire amount due within 30 days of the statement date shown on the monthly billing statement and I understand that a 1.5% late charge will be added to the balance owed for delinquency of 30 days or more. For resident's account to remain active payment must be made promptly.
- I agree to pay all costs of collection, including court costs and attorney's fees, for all delinquent balances.
- I understand that the medications furnished to the above named resident are not packaged in a child-proof containers.
- I consent to the release of personal and medical information to any third party, governmental agency providing benefits, or other person(s)/entity liable for my treatment charges. I also consent to release necessary medical information to providers involved in resident's care.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 As a recurring transaction, you may charge my  VISA  M/C  Discover  AM  
 Card# \_\_\_\_\_ EXP \_\_\_\_\_ Vcode \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

# New Leaf Academy

## Required Clothing List

**New Leaf Academy** is located in Central Oregon, where the Cascades meet the High Desert region. The altitude is approximately 3,800 feet, and area weather brings cold, crisp winters and moderately warm summers, generally with very little humidity. Students will need clothes that are practical, durable and easily cared for.

**New Leaf Academy** does not allow clothing with printed designs promoting alcohol, tobacco or other drugs, heavy metal, rap or other inappropriate rock music, or negative or depressing images of society. Clothing must be free of tears, rips or shreds. Exceptionally tight clothing is not allowed, nor are all black outfits, see-through clothing or spaghetti strap tank tops/shirts. At the time of enrollment, you may be asked to take back with you any items which are considered unsuitable. Due to space limitation any additional clothing/equipment may be sent home following enrollment. **New Leaf Academy** thanks you for your understanding and cooperation.

| <i>Footwear</i> |                             | <i>Underwear</i> |                          | <i>Pants</i> |                                |
|-----------------|-----------------------------|------------------|--------------------------|--------------|--------------------------------|
| 1               | Sandals                     | 10               | Panties                  | 5            | Denim Jeans/<br>Casual Pants   |
| 1               | Flip Flops                  | 1                | Underslip                |              |                                |
| 1               | Athletic Shoes              | 4                | Bras (regular)           | 2            | Khaki/Navy<br>Pants or capris* |
| 1               | Winter/Snow Boots           | 1                | Swimsuit (one piece)     |              | (no cargo pants)               |
| 1               | Hiking Boots                | 3                | Sport Bras               |              |                                |
| 1               | Dress Shoes (2" max)        | 1                | Wool Socks               | 2            | Gym Shorts                     |
| 1               | Slippers                    | 7                | White Cotton Crew Socks* | 2            | Khaki Shorts                   |
| 1               | Flat Dress Shoe/<br>Loafers | 2                | Pajamas/Nightgown        | 3            | Casual Shorts                  |
|                 |                             | 1                | Bathrobe                 | 2            | Sweatpants                     |

\*Items marked with an asterisk are part of the NLA school uniform.

| <i>Tops/Dresses</i> |                                               | <i>Miscellaneous</i> |              | <i>Outerwear (by10/1/08)</i> |                   |
|---------------------|-----------------------------------------------|----------------------|--------------|------------------------------|-------------------|
| 5                   | T-/Casual Shirts                              | 1                    | Hair Dryer   | 1                            | Winter Jacket     |
| 3                   | Sweatshirt/Sweaters                           | 1                    | Manicure Set | 1                            | Light Jacket      |
| 3                   | Long or $\frac{3}{4}$ Sleeve<br>Casual Shirts | 1                    | Curling Iron | 1                            | Pullover Jacket   |
|                     |                                               | 1                    | Sunglasses   | 1                            | Summer Hat        |
| 3                   | Tank Tops                                     | 1                    | Wristwatch   | 1                            | Winter Hat        |
| 1                   | White Tank Top*                               | 2                    | Belts        | 1                            | Backpack (school) |
| 1                   | White Turtleneck*                             | 1                    | Sleeping Bag | 1                            | Gloves (casual)   |
| 2                   | Dress Outfits                                 | 1                    | Thermal Pad  | 1                            | Gloves (ski)      |
|                     |                                               |                      |              | 1                            | Ski Pants         |

30 day supply prescription meds if applicable

\*Items marked with an asterisk are part of the NLA school uniform.

### Uniforms (provided by New Leaf Academy)

|   |                    |   |                 |   |                             |
|---|--------------------|---|-----------------|---|-----------------------------|
| 2 | Navy Blue Skorts   | 4 | S/S Polo Shirts | 2 | L/S White<br>Blouses        |
| 2 | Navy Blue Sweaters | 1 | L/S Polo Shirt  |   |                             |
| 2 | Sweatshirts        | 1 | S/S Blouse      | 1 | Lunch Box &<br>Water Bottle |
| 3 | White Knee Socks   | 2 | Navy Tights     |   |                             |

## NEW PARENT ARRIVAL SHEET

STUDENT NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- Completed On-Line NLA Admission Application\*\*  
[www.newleafacademy.com/contactOR.asp](http://www.newleafacademy.com/contactOR.asp)
  
- Signed and Completely Filled Out Original Copies of\*\*:
  - NLA Enrollment Agreement
  - Authorization for Release of Information
  - Permission for Release School Records
  - Physical Exam Form
  - Medical Prescription Information Form
  - Consent to Examination and Treatment
  - Credit Card Authorization
  - Emergency Contact List
  - HIPPA Form
  - Internet Use Policy
  - Photograph Release of Liability
  - Healing Reins – Consent for Release of Information
  - Healing Reins – Emergency Medical Release Form
  - Faith Run Farms – Hold Harmless Release
  - Healing Reins – Release and Indemnity for Riding Instruction
  - Healing Reins – Photo Release Form
  - Skyline Dental, LLC Form
  - Bend's Pill Box Pharmacy Form
  
- MUST HAVE UPON ADMISSION – MANDATORY ATTACHMENTS:
  - Copy of front and back of Medical/Pharmacy Insurance Cards\*\*
  - Copy of front and back of Dental Insurance Cards
  - Immunization Form Completed\*\*
  - Legal Custody Agreement . *If Applicable\*\**
  
- PLEASE PROVIDE AT OR PRIOR TO ADMISSION:
  - Payment or Approved Payment Arrangements
  - Prescription Medications . *Enough for 6-8 weeks\*\* if applicable***
  - Official Academic Transcripts - *mandatory*
  - Psychological Testing (*completed within 2 years of admission*) *if available*
  - Psychiatric Evaluations (*completed within 2 years of admission*) . *if available*
  - Discharge Summary *All Previous Residential/Therapeutic Placements . if applicable*
  - Discharge Summary *Outpatient Therapist if applicable*

**\*\*Student must have at or prior to admission- Absolutely necessary for enrollment**