



ACEWALL SCHOLARS
WHERE THE VISION IS REALIZED, AND THE DREAM IS ACHIEVED

Client Registration

I. Client Information Section

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip code: _____ Date of Birth: ____/____/____ Grade Level: _____ (If applicable)

Place of Employment: _____ (If applicable) Work Number: _____ (If applicable)

Cell Number: _____ Home Number: _____ Email: _____

II. Parent/Guardian Information Section (If Under 18)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Place of Employment: _____ Work Number: _____ Cell Number: _____

Home Number: _____ Email: _____

III. Service Request Section - Circle the option that best fits the service needed.

1.) Mentoring Services/ Coaching

One-on-One Mentoring Group Mentoring Life Skills Coach Parental Support (Aide)

2.) Academic Services

One-on-One Tutoring Homework Assistant SOL Prep ACT /SAT Prep College Counseling

Homeschool Course ASVAB _____ (Previous AFQT Score) Academic Assessment

Subject(s) where help is needed:

Current Grade %

1. _____

2. _____

3.) Camps, Workshops, and Programs

Mad Scientist STEM Camp Rising Star Acting Workshop College Preparatory Program

Kids Going Green The Leadership Program Music Lessons (Voice, Drums, Wind)

For Camps, Workshops, and Program Registration -

A link to collect additional information for the specific camp, workshop, or program of interest will be sent to you after your client registration form is reviewed.

Permit to Treat, Release of Liability Form, and Photo Release

I hereby give my permission for my child [redacted] to participate in the Acewall Scholars LLC: Tutoring, Academic coaching, or Academic support programs, here and now referred also as academic services.

Permission to Treat

In the event of illness, injury, and/or accident, I authorize any Acewall Scholars employee or contractor or volunteer to act on my behalf. They may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. I agree to pay any necessary expenses incurred in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

[redacted] **Initial Here**

Permission to Coach/TutorLiability Release

I knowingly and voluntarily give my child, ward, or dependent permission to participate in Acewall Scholars' academic services. On behalf of myself and/or my minor child, I do hereby release, hold harmless, and indemnify Acewall Scholars and its successors, owners, and their respective affiliates, owners, agents, employees, directors and officers from any and all liability (including attorneys' fees), claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained by any person, including your child, the tutor, or any other party as a result of my child's participation in tutoring/academic services' sessions and/or any acts or omissions by my child or the tutor. Acewall Scholars makes no guarantee that tutoring sessions will improve student performance. By signing this, you also agree that you release Acewall Scholars from all and any liability of student performance or improvement from participation within any of our academic services.

The undersigned parties are responsible for coordinating the student's transportation home following any tutoring sessions. In addition, all compensation to Acewall Scholars is non-refundable.

I understand that academic services could occur at home or outside of the home. I understand that there are unforeseen risks associated with any activity that could result in injury to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that Acewall Scholars and its employees or independent contractors are not liable for any injuries or any other occurrences due to indoor and outdoor activities or related risks, and/or the actions/omissions of Acewall Scholars counselors, volunteers, employees, trustees, directors, officers, or any other entities being released. I acknowledge that this Release of Liability Form will be used by Acewall Scholars independent contractors, employees, volunteers, sponsors, owners, and organizers for whatever activity my child may participate in with Acewall Scholars. This release of Acewall Scholars from any and all liabilities will govern the actions and responsibilities of said activity.

In consideration of my application and/or registration that permits my child to participate in Acewall Scholars programs and services, I hereby waive, release, and discharge from any and all liability Acewall Scholars LLC, and its trustees, officers, employees, independent contractors, volunteers, entities or other persons for my child's injury, property damage, death, property theft, or actions of any kind which may hereafter occur including their traveling to and from this activity;

You agree to indemnify, hold harmless, and promise not to sue Acewall Scholars, the venue owners, Acewall Scholars trustees, officers, employees, owners, volunteers, or other entities or persons from any and all liabilities or claims made as a result of participation in this activity, whether caused by negligence or otherwise.

[redacted] **Initial Here**

Photo Release

I understand that while participating in this activity, my child may be photographed. Please choose the following:

 I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

 I DO NOT agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

Initial Here

Dismissal due to Behavior

I understand that the Acewall Scholars LLC may dismiss any participant for inappropriate, disrespectful, or dangerous behavior at any time. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement.

Initial Here

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Participant's Printed Name (Please print legibly)

Age

Parent/Guardian Printed Name (Please print legibly)

Participant/Parent/Guardian's Signature Date (If under 18 years old, Parent or Guardian must sign)

Assumption of Risk and Waiver of Liability Relating to COVID-19

The novel coronavirus ("COVID-19") is extremely contagious and is believed to spread mainly from person-to-person contact. We cannot guarantee that you or your child(ren) will not become infected with COVID-19 through contact with Acewall Scholars' staff or independent contractors directly or indirectly through various activities. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and/or I may be exposed to or infected by COVID-19 by participating in Acewall scholars related activities. Such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of Acewall Scholars staff, coaches, volunteers, independent contractors, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance and/or participation in Acewall Scholars programming. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Acewall Scholars LLC, and all of their current, former, and future agents, representatives, religious and employees, Independent contractors, volunteers, and related entities of and from any claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Acewall Scholars LLC, employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Acewall scholars programs.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Printed Name of Student/Participant

CANCELLATION POLICY

Canceling and Rescheduling. Customers may cancel or reschedule without penalty by notifying us at least 24 hours before their scheduled appointment or reservation time. To cancel or reschedule, please contact us at:

Phone: (804) 464-7926

Email: contact@acewallscholars.org

Late Cancellation. Cancellations are considered "late" when the Customer does not cancel or reschedule at least 24 hours prior to the scheduled appointment or reservation time. Late cancellations will result in the customer being charged for the canceled time.

Missed Appointments. If a Customer misses their scheduled appointment or reservation without canceling or rescheduling, they will be charged 100% of the price of the scheduled service or event.

Refunds. Refunds are not offered. If a session is canceled at least 24 hours in advance, a credit will be applied to the account.

Provider Initiated Cancellation. If, for any reason, we must cancel a Customer's scheduled appointment or reservation, we will notify you as soon as possible and work with you to reschedule.

Fee Waiver. We reserve the right, at our discretion, to waive any fee or cost or penalty assessed hereunder for any reason we deem sufficient and reasonable.

Additional Terms and Conditions. Additional terms and conditions are as follows: Any session canceled less than 24 hours in advance may be subject to loss of session payment/hours. The session may be rescheduled at an additional fee. Sessions booked for multiple hours, may be charged up to 4 hours of the booked session if the session is canceled less than 24 hours in advance. Sessions canceled less than 24 hours in advance due to sickness/illness may be rescheduled without loss of payment/session hours if session is canceled 2 hours before the agreed upon session and/or before the Acewall Scholars' worker is en route to the session location. If a session is canceled due to sickness/illness less than 2 hours before the agreed upon session and/or while the worker is in route to the agreed upon location of the session, the session can be billed for up to 2 hours for a multi-hour session, and up to 1 hour for a single hour session, based upon the discretion of the scheduling staff.

Any session canceled after three consecutive cancellations for any reason, can be billed for the complete session time based upon the discretion of the scheduling staff.

By signing below, you acknowledge that you have read the terms and conditions.

Sign Name _____ Date: _____

Print Name _____

Allergies and Food Restrictions

Name: _____ Guardian Name: _____ (If under 18)

Do you have any **dietary restrictions or allergies**? **Yes** or **No**

If so, please lists them below:

Allergies or Food Restrictions: