



### **Academic Year Flagship Program Policies Agreement and Liability Waiver**

This agreement is made voluntarily by me on my own behalf and on the behalf of my heirs, executors, administrators, legal representatives, and assigns to Open Doors, Inc., dba Open Doors Academy (ODA).

I hereby certify that I am over 18 years of age and am competent to contract in my own name. I also certify that I am the legal guardian of the minor child and legally make this agreement on their behalf.

This agreement shall be effective beginning September 1, 2025, or the start date of enrollment, and remain in effect until May 30, 2026.

#### **Part I: PROGRAM POLICIES**

I, the undersigned, understand and agree to the ODA Program Handbook and all ODA program policies:

1. **Eligibility:** Participants must be between 5-18 years of age and have completed all required enrollment documentation. Eligibility by age is dependent on funding at each respective campus.
2. **Primary Costs:** ODA Afterschool Program is a free program to qualifying ODA families. ODA will cover the cost of staff supervision, programming, afternoon snack, and transportation (when available or applicable).
3. **Additional Costs:** The parent/guardian may be responsible for some costs associated with field trips or providing any additional spending money for incidental expenses such as souvenirs, t-shirts, snacks, etc.
4. **Permission to Transport:** I give permission for my child to attend all program related field trips and travel under the supervision of ODA staff. An ODA staff member will supervise students during field trips and travel from the campus to the drop off/pick up location via contracted bus service.
5. **Walking Permission:** If I have, as part of enrollment, indicated my child as having permission to walk home from the program location and/or the assigned bus stop location (when homebound bussing is provided), I agree that ODA may sign my child out of the program and dismiss them from the designated location.
  - a. I understand that elementary and/or special education scholars may not walk home alone, but only with parent permission to walk with a middle school aged sibling or neighbor.
6. **Authorized Emergency Contact:** All participants must be picked up from the program by a parent, guardian, or designated individual specified by a parent/guardian during registration.
7. **Arrival and Pickup:** Parents and participants are responsible for ensuring that participants arrive and depart on time to the program location. Parents/guardians are responsible for calling ODA staff by 2pm in case of any absence or need for early pick up. Students must be picked up no later than campus dismissal time, unless otherwise started on a Field Trip permission form. ODA reserves the right to assess a \$1/minute fee for late pick-up for repeated occurrences.
8. **Timeliness Policy:** Students must attend all programs and planned events on time. Our staff must be informed before the start of the program if a student is going to be absent or late.

9. **Timely Pickup:** I acknowledge that if I do not agree to the Walking Waiver as part of enrollment, it is my responsibility to ensure that a parent/guardian or an authorized emergency contact picks up my child from ODA program in a timely manner. I understand that repeated late pickup is grounds for removal from the program.
10. **Programming Changes:** ODA is responsible for providing programming services to the participants. If the services and accommodations offered cannot be provided due to causes beyond the control of ODA, all efforts will be made to provide comparable services and accommodation.
11. **Medication Administration:** I agree that for ODA staff to administer medication to my child, I must complete a JFS 1217 Form with compliant instructions on how to administer correctly.
  - a. I understand that enrolling my child with incomplete medical information will result in my child being removed from the program until all required forms are provided.
12. **Medical Transportation:** In a medical emergency, ODA can secure emergency transportation for any child. The emergency transportation service will determine the facility to which the child will be transported.
13. **Sunscreen:** ODA may apply sunscreen to my child at their discretion for safety. I understand that if my child has a sensitivity to any sunscreen ingredients, I must inform ODA of this ahead of program start by completing a medical form.
14. **Movie Rating Permission:** I give permission for my child to view movies that are rated G, PG, or PG-13 when selected and approved by ODA.
15. **Restricted Foods:** I understand that ODA programs do NOT permit products made with shellfish, peanuts, tree nuts, or pork. These foods may be confiscated if discovered for the safety of students with allergies.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Part II: LIABILITY WAIVER**

I, the undersigned, understand and agree to this legally binding Consent Form and Release of Liability.

1. **Photography and Video Release:** ODA and its partner organizations, including but not limited to programming partners, funding partners, contracted service providers, and/or curriculum partners, have my permission to use, reproduce, and/or publish photographs and/or videos of my child and/or family while participating in ODA activities and events related to the program. I understand that the photographs and/or videos, including the image, likeness, and/or voice of myself, my family, and/or my child may be used in publications, public affairs releases, presentations, multimedia exhibits, posters, brochures, advertisements, recruitment materials, broadcast public service advertising (PSAs), and other promotional areas on behalf of the ODA program and/or its partner organizations without compensation to me or my children and/or family. This material may also appear on the internet website and/or digital social media services of ODA and/or its partner organizations. All such photographs and videos will be maintained as the property of ODA and/or its partner organizations with all rights reserved.
2. **Liability Release:** While participating in this program your child may be exposed to certain risks. These risks include, but are not limited to, accident and/or sickness without readily available medical facilities, the forces of nature, and acts of war. By completing enrollment, you are

acknowledging and assuming these risks. Parents and participants in the program waive any liability against ODA and its employees, directors, volunteers, partner organizations, and contracted service providers for any injury, loss, damage, accident or expense. The parent(s)/guardian(s) acknowledges that participant is participating under the responsibility of parent/guardian and releases ODA, its staff, and partner organizations from any liability related to health and safety.

**Upon completion of registration, I certify that the information I filled in is complete and genuine. I have read and agree to the Program Waiver.**

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Parent/Guardian Signature

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Date

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Parent/Guardian Name

### **Part III: BEHAVIOR POLICY**

ODA reserves the right to cancel and/or terminate participation or refuse service to any participant who fails to comply with the rules of the program, or for any other reason deemed necessary at the sole discretion of ODA.

**Program Rules for Participants:** I understand and agree that my child will be subject to ODA program rules and all applicable laws during all program activities and transportation periods, including:

1. Be respectful of all staff and peers.
2. Actively participate in all activities.
3. Follow all directions of program staff, e.g. walking in line, being quiet while waiting, etc.
4. Remain in designated program space in the presence of ODA staff at all times.
5. Do NOT bring any weapons, cash, or items of value to the program.
6. Do NOT bring perishable foods, allergen foods, or pork items to the program.

Repeated misconduct will be reported to parents/guardians and could result in suspension or removal from the program. High risk misconduct, such as fighting or leaving the program space without permission, will result in immediate removal from the Program.

Any threats of or acts of violence by a program participant, whether made digitally, verbally, or physically, are grounds for immediate removal from the Program and a ban from all future enrollment in ODA programs.

ODA reserves the right to confiscate items that are a danger to other students or staff. Confiscated items, such as weapons, banned food items (nuts, pork, etc.), may not be returned until the conclusion of the program if they pose a safety risk.

I understand and agree that if my child is removed from the program, a parent, guardian, or emergency contact may be required to immediately pick-up my child from the program location.

**Parent/Guardian Misconduct:** I understand and agree that parent(s)/guardian(s) are expected to be courteous and respectful of ODA staff, partner staff, fellow parent(s)/guardian(s), program participants,

school staff, security staff, custodial staff, and culinary staff. Parent(s)/guardian(s) must obey all local laws, traffic laws, and ODA program rules.

Misconduct by a parent/guardian that poses a risk to other program participants, ODA staff, partner staff, or other parent(s)/guardian(s) will result in the family's removal from the Program.

Any threats of or acts of violence by parent(s)/guardian(s), whether made digitally, verbally, or physically, are grounds for immediate removal from the Program and a ban from all future enrollment in ODA programs.

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Parent/Guardian Signature

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Date

#### **Part IV: COMMUNICATION AUTHORIZATION**

I agree to receive phone calls, text messages, and email reminders from ODA about program updates. I certify that the contact information I provided us is my current contact information, not someone else's.

I understand that if the phone number or email address on file is not accurate, it is my responsibility to inform ODA of my new contact information; I also understand that if I do not update ODA about my contact information, ODA is not liable for any important program details that I may not receive.

I understand that ODA may update our communication methods at any time based on program needs.

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Parent/Guardian Signature

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Date

#### **Part V: Release of Academic Information and Permission to Provide School Day Support Services**

I give permission to the staff of Open Doors Academy to communicate with my scholar's school to provide my child with the most comprehensive support.

**I agree to allow Open Doors Academy to:**

- Receive copies of my child's report card, attendance, progress report, Ohio State Standardized Testing results, and other test results that may be used to closely evaluate my child's academic growth and success.

- To visit my child's classrooms to observe him/her in the classroom and to confer with the principal, teachers, counselors, and other staff or professional regarding my child's progress.
- To visit my child during their lunch period, check in with them and provide them any needed support.
- To meet with my child and school staff to help mediate/ support any issues which may arise. (If an ODA staff member is asked to be present, a report of the meeting will be presented to the parent within 24 hours.)
- Access my child's grades and attendance.
- If my child is determined eligible and granted an IEP, I give permission to the staff of Open Doors Academy to receive a copy of the IEP in order to assist my child in working toward their goals.
- I understand that all information collected will be kept confidential and any reporting of grades or achievement scores to funders/stakeholders will be provided in group summary without any identifying information attached to them.

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Parent/Guardian Signature

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Date