



*at Sisters*

## **PARENT COACHING RELEASE**

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_ (student). Student's date of birth is \_\_\_\_\_. As the parent/guardian of student, I am authorized to consent to the release of information concerning student. I hereby authorize The Academy at Sisters, or its agents, to release general information to Parent Coach Professionals, LLC concerning student and parent/guardian for the purpose of Parent Coach Professionals, LLC obtaining information and documentation related to student/parent/guardian as necessary.

I understand that the information submitted or received may be protected by federal and/or state law and that I am not required to sign this consent. It is my understanding that all information concerning student will be treated as confidential by The Academy at Sisters, or their agents. This document has been explained to my satisfaction.

A person or entity to which a duplicate of this release (containing copies of signatures of the parties) is delivered may rely on the duplicate, whether provided by photocopy, facsimile, or otherwise. They may also rely on the representation of The Academy at Sisters that student's enrollment is current.

Parent / Guardian Name

Parent / Guardian Name

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

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

Date

Date



## ACADEMIC / TESTING RELEASE

In order to design the most appropriate curriculum for the student, transcripts of all previous Junior High School and Senior High School work are required. Please complete the information requested below:

Permission granted to release school records to the Academy at Sisters.

Pupil's Last Name                      First Name                      Middle Name                      Date of Birth

This student is applying for enrollment in The Academy at Sisters. Permission is hereby granted for the release of the following school records to:

**Registrar  
The Academy at Sisters  
63325 Silvis Rd.  
Bend, OR 97701**

1. Official Transcript of Credit.
2. Withdrawal grades, including incomplete classes.
3. Test data, health records, and counseling information.
4. Any other records pertaining to the psychiatric or psychological evaluation of the student.

Parent / Guardian Name                      Date

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

Please list all Junior and Senior High Schools attended (list most recent first with complete address):

Name of School                      Address                      Dates Attended



## **PUBLIC USE OF IMAGES CONSENT AND RELEASE**

The Academy at Sisters is authorized to use images and or sounds of student, captured electronically or physically, by means of audio, video, photographic, or by written documents, for use in publicity, marketing of The Academy at Sisters, or for use in educational activities or programs, or school related newspapers, catalogs, yearbooks, or productions.

Parent/Guardian releases The Academy at Sisters from any and all causes of action, claims, demands, damages, costs, loss of services, expenses and compensation, and any and all known or unknown injuries or consequential damages, related in any way to this consent and release for public use of images.

The provisions of this document remains in force during Student's enrollment and survive the termination of student's enrollment. The provisions of this document are binding on the heirs, executors, and administrators of Student and the undersigned.

A duplicate copy of this document, whether by photocopy, facsimile, or otherwise, and containing copies of signatures of Parent/Guardian, shall have the same evidentiary effect as an original.

In the event any party to this agreement engages an attorney to enforce this agreement or any of its terms, whether or not a suit or action is commenced, it is agreed that the prevailing party shall be entitled to recover reasonable attorney fees and costs (including without limitation, travel, expert and non-expert witness fees, deposition costs, long distance costs, and postage) incurred prior to commencement of suit, at trial, and on appeal and including attorney fees and costs of collection.

THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. BY SIGNING BELOW, PARENT/GUARDIAN ACKNOWLEDGES THAT S/HE HAS READ, UNDERSTANDS, AND CONSENTS TO THE PROVISIONS OF THIS DOCUMENT.

Parent / Guardian Name

Date

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Parent / Guardian Signature



## **INFORMED CONSENT FOR MENTAL HEALTH TREATMENT**

### **Client/Parent Rights and Responsibilities**

**The following describes certain of your rights and responsibilities. Please read this carefully before signing the consent for mental health evaluation and treatment for your daughter.**

I understand that mental health services provided by the Academy at Sisters will be provided by a Psychologist, Social Worker, Mental Health Counselor, or other mental health provider (Treatment Provider). The Treatment Provider will be licensed to practice in the state of Oregon.

I understand that my right to privacy as well as my daughter's right to privacy is protected by Federal and State laws. I understand that this means that information shared with a Treatment Provider, or which my daughter shares with a Treatment Provider as part of mental health treatment is confidential, and cannot be released to anyone outside of the Academy at Sisters without written permission from me, with certain exceptions listed below.

I understand that under Oregon State Law, the Academy at Sisters must report to appropriate agencies:

1. Suspected child abuse and/or reports of child abuse
2. Suspected elder abuse and/or reports of elder abuse
3. Suspected abuse of mentally ill or developmentally disabled persons and/or reports of abuse of mentally ill or developmentally disabled persons
4. Any/all information requested by court order or subpoena
5. Harm or threat of harm to self or others

I understand that under Oregon State Law noncustodial parents have the right to consult with my daughter's Treatment Providers and medical care providers and to inspect and receive copies of my daughter's psychological and/or medical records to the same extent as the custodial parent has these rights. I acknowledge that the noncustodial parent may request information regarding my daughter's medical and psychological records, and that by signing this agreement I consent to the release by Academy at Sisters of this information to a noncustodial parent in the event that it is requested in accordance with Oregon State Law. I understand that if another state has terminated the rights of a noncustodial parent to receive said records, it is my responsibility to provide this documentation to the Academy at Sisters. I

further acknowledge that the Academy at Sisters will make its own determination of whether it must comply with orders and judgments of other jurisdictions.

I understand that in cases of medical or psychiatric emergency, information sufficient to respond to the situation may be disclosed to emergency personnel, including but not limited to: my daughter's Primary Care Physician, my daughter's Treatment Providers, Emergency Medical Technicians (EMT's), Emergency Room Medical Staff, and/or Mental Health Crisis Clinicians. I understand that I will be informed of this disclosure as soon as reasonably possible.

I understand that diagnosis, treatment plans, and information discussed in treatment may be shared with members of the treatment team at the Academy of Sisters, with the Administration of the Academy at Sisters, and/or with teachers and residential staff at the Academy at Sisters. I authorize and consent to said sharing of information, diagnosis, and treatment plans. I understand that this information is shared when the Academy at Sisters deems it appropriate or helpful to my daughter's treatment, and/or when it is appropriate and/or necessary for my daughter's safety. I understand that my daughter's Treatment Provider will keep mental health progress notes, in line with professional standards, and that these notes will be kept in my daughter's treatment file at the Academy at Sisters. I understand that my daughter's Treatment Provider may consult with other licensed mental health professionals to appropriately diagnose and treat my daughter, and that if consultation is sought, my daughter's identity will not be shared with the consulting professional.

I understand that adolescents age 14 and older have the right to request mental health treatment and that they have the right to request that the service provider maintain the confidentiality of records associated with said treatment. I also understand that confidentiality may be an important issue for younger children and adolescents. I understand that under Oregon law my daughter's Treatment Provider reserves the right to make clinical decisions regarding confidentiality issues between my daughter and myself, and between my daughter and my daughter's other parents/guardians. I understand, however, that my daughter's Treatment Provider works as part of the treatment team at the Academy and will therefore share pertinent information with the treatment team.

I understand that I have the right to talk to my daughter's Treatment Provider and to ask questions about her treatment at any time. If I am dissatisfied, I have the right to talk to my daughter's Treatment Provider and/or Treatment Coordinator about my dissatisfaction. If problems cannot be resolved, I understand that I have the right to talk to the Program Manager, and/or Administration of the Academy at Sisters. I understand that if there are still unresolved problems, I have the right to report them to the appropriate agency and/or licensing board, and that I will be provided with the information necessary to do so by the Administration of the Academy at Sisters.

I understand that I have the right to be informed about specific services and procedures that may be recommended, including information about risks, benefits, and alternatives to each service proposed for treatment.

I understand that the Academy at Sisters does not bill insurance companies directly for mental health services, and therefore that I will be responsible for any fees accrued for mental health services that are not directly provided by the Academy at Sisters, or included in the Academy at Sisters tuition. By signing this form, I acknowledge that any fees associated with mental health treatment have been discussed with me, and that I agree to pay said fees to the Academy at Sisters, or to the contracted provider. I understand that I will be provided with an invoice that I can submit to my daughter's insurance company for reimbursement of fees I have paid.

**I (we) have read this consent form in its entirety, and I (we) understand all of the information included herein. I (we) acknowledge that we have discussed my (our) questions and concerns with the appropriate professional(s) before signing this form. My (our) signature below indicates my (our) understanding of and agreement with the information above, and that I (we) grant permission to the Academy at Sisters to provide mental health evaluation and treatment for my (our) daughter, (Student Name).**

Parent / Guardian Name

Parent / Guardian Name

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

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

Relationship to Student

Relationship to Student

Date

Date



## **EQUINE RELEASE (YOUTH)**

### **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

**READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. THIS IS A LEGALLY BINDING DOCUMENT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS. BY SIGNING THIS AGREEMENT, YOU (AND YOUR CHILD) ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGE.**

In consideration for allowing \_\_\_\_\_ (a minor) to handle, groom or ride a horse, be in or around J Bar J's stable and premises, and/or to otherwise participate in J Bar J's Youth Services, Inc.'s ("J Bar J") equine activities and programs (including its equine assisted growth program) (collectively "Equine Activities"), on behalf of our personal representatives, heirs, next-of-kin, guardians, spouses and assigns, THE UNDERSIGNED HEREBY:

1. Acknowledge that a horse may, without warning or any apparent cause or reason, buck, stumble, fall, rear, bite, kick, run, make unpredictable or sudden movements, spook, jump obstacles, step on a person's feet, push or shove a person, and saddles or bridles may loosen or break - all of which may cause the rider to fall or be jolted resulting in serious injury or death to the Undersigned or minor child, or to any person within close proximity of a horse.

2. ACKNOWLEDGE THAT THE EQUINE ACTIVITIES, INCLUDING HORSEBACK RIDING, THE HANDLING OF A HORSE OR BEING IN CLOSE PROXIMITY TO A HORSE, IS AN INHERENTLY DANGEROUS ACTIVITY AND INVOLVES THE RISK OF SERIOUS INJURY AND/OR DEATH.

3. Acknowledge and agree that we are fully informed and aware of and voluntarily and knowingly accept and assume all risks, hazards, liabilities, damages, and danger of injury or death, whether known or unknown, inherent in or arising from participation in the Equine Activities. I represent and certify that my child does not have or suffer from any condition (physical or otherwise) that might impact or jeopardize our safe his/her participation in the Equine Activities, and that my minor child is fully able and capable to safely engage in the Equine Activities and to follow all J Bar J policies, rules and instruction. The undersigned certifies and warrants that the minor child has adequate insurance to cover any injury that s/he may suffer as a result of while participating in the Equine Activities.

4. TO THE MAXIMUM EXTENT ALLOWED BY LAW, FULLY AND VOLUNTARILY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE, AND HOLD HARMLESS J BAR J, AND ITS OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND AGENTS, FOR, FROM AND

AGAINST ANY AND ALL CLAIMS, LOSS, DAMAGES, INJURY (INCLUDING DEATH) AND/OR COSTS AND EXPENSES OF ANY KIND ARISING OUT OF OR RELATING TO MY MINOR CHILD'S PARTICIPATION IN THE EQUINE ACTIVITIES, INCLUDING (WITHOUT LIMITATION) HIS/HER PARTICIPATION IN J BAR J'S EQUINE ASSISTED GROWTH PROGRAM; J BAR J'S SELECTION, CARE AND/OR TRAINING OF ITS HORSES; J BAR J'S SELECTION, CARE OR ADJUSTMENT OF SADDLES, BRIDLES OR OTHER EQUIPMENT; J BAR J'S INSTRUCTION ON RIDING OR LEADING OR SUPERVISING RIDERS OR OTHER PARTICIPANTS; FOR RIDING, TRAINING, DRIVING, GROOMING OR RIDING AS A PASSENGER ON AN EQUINE; FOR THE FAILURE TO WEAR A PROTECTIVE HELMET OR OTHER PROTECTIVE EQUIPMENT WHEN RIDING OR IN CLOSE PROXIMITY TO A HORSE; FOR FAILING TO USE OR PROPERLY USE OR APPLY SADDLES, BRIDLES, EQUIPMENT AND GEAR PROVIDED BY J BAR J; AND/OR FOR FAILING TO FOLLOW J BAR J'S POLICIES, RULES AND PROCEDURES (COLLECTIVELY THE "RELEASED CLAIMS"). TO THE MAXIMUM EXTENT ALLOWED BY LAW, THIS RELEASE AND THE RELEASED CLAIMS SHALL APPLY TO ANY AND ALL CLAIMS OF ANY KIND OR NATURE EVEN IF CAUSED BY THE NEGLIGENCE OF J BAR J OR ANY OTHER PERSON. TO THE MAXIMUM EXTENT ALLOWED BY LAW, THE UNDERSIGNED AGREE NOT TO INITIATE (ON BEHALF OF THEMSELVES OR ANY OTHER PERSON OR ENTITY) ANY LEGAL ACTION OR CLAIMS AGAINST J BAR J, OR ITS OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES OR AGENTS, IN CONNECTION WITH ANY OF THE RELEASED CLAIMS, OR ANY CLAIMS WHICH COULD HAVE BEEN OR COULD BE RAISED OR THAT ARE IN ANY WAY CONNECTED WITH OR ARISING OUT OF THE ABOVE REFERENCED OR EQUINE ACTIVITIES.

5. AGREE TO INDEMNIFY AND HOLD HARMLESS J BAR J, AND ITS OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND AGENTS, FOR, FROM AND AGAINST ANY LOSS, LIABILITY, DAMAGE, EXPENSE OR COST THAT MAY ARISE OUT OF OR ARE IN ANY WAY RELATED TO ANY OF THE RELEASED CLAIMS OR MY CHILD'S PARTICIPATION IN THE EQUINE ACTIVITIES, INCLUDING (WITHOUT LIMITATION) ANY LOSS, DAMAGE OR INJURY RELATED TO MY CHILD'S ACTIONS OR NEGLIGENCE.

6. Agree to abide by and follow any and all instructions given, or policies, rules or regulations established by J Bar J at any time, regarding the Equine Activities, including my child's riding, treatment or handling of a horse or being in close proximity to a horse or on the premises of the stable, and including the requirement to wear a protective helmet at all times when riding a horse and/or the proper use and application of any saddles, bridles, equipment and gear available or provided.

7. Agree and understand that the provisions of ORS 30.687-30.697 apply, which provide for the limitation of liability for J Bar J for its Equine Activities, including (without limitation) that J Bar J and its equine professionals shall not be liable for any injury to me or my death arising out of riding, training, driving, grooming or riding as a passenger upon an equine, and that neither I nor my representative may maintain an action against or recover from J Bar J or its equine professionals for any injury to me or my death arising out of riding, training, driving, grooming or riding as a passenger on an equine, except as otherwise provided for therein.

8. The Undersigned expressly agrees that the foregoing release and waiver of liability, assumption of risk, and indemnity agreement is governed by laws of the State of Oregon and is intended to be as broad and inclusive as is permitted by Oregon law. If any portion of this Agreement is determined to be invalid, illegal, or unenforceable for any reason, the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect. This Agreement will be bind-

ing upon the parties, and their respective successors, heirs, personal representatives, guardians, and assigns, and may not be modified or amended except by a writing signed by all of the parties to be bound.

9. Arbitration. Any dispute or claim that arises out of or that relates to this Agreement or any Released Claims, or my or my child's participation in J Bar J's Equine Activities, or to the interpretation or breach thereof, or to the existence, validity, or scope of this agreement or the arbitration agreement, shall be resolved by arbitration in accordance with the then effective arbitration rules of (and by filing a claim with) Arbitration Service of Portland, Inc., and judgment upon the award rendered pursuant to such arbitration may be entered in any court having jurisdiction thereof.

**The undersigned have carefully read this document, and understand it is a promise not to sue and to fully release and indemnify J Bar J, and its employees and agents, for all any and claims and liabilities, to the maximum extent allowed by law. The undersigned made a free and deliberate choice to sign this Agreement as a condition to J Bar J allowing the minor child to ride or handle a horse or participate in J Bar J's Equine Activities. The undersigned have concluded that the risks involved and the full release and waiver of liability is worth the opportunity to the Equine Activities and acknowledge that the same is good and valuable consideration for this Agreement.**

**The undersigned verifies that s/he is the parent/guardian and/or has the authority to enter into this release agreement on behalf of the named minor child.**

**IT IS SO AGREED.**

Parent / Guardian Name                      Date

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Parent / Guardian Signature  
On behalf of themselves and the minor child

Minor Child/ Participant Name              Date

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Signature of Minor Child/ Participant



## **EQUINE RELEASE (ADULT)**

### **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

**READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. THIS IS A LEGALLY BINDING DOCUMENT.** YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS. BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGE.

I, \_\_\_\_\_, reside at (Street Address) \_\_\_\_\_,  
in (City) \_\_\_\_\_, (State, Zip) \_\_\_\_\_.

In consideration for allowing me to handle, groom or ride a J Bar J horse, be in or around J Bar J's stable and premises, use J Bar J's equine, equipment and vehicles, and/or to participate in any of J Bar J's equine programs (including its equine assisted growth program) (collectively "Equine Activities"), on behalf of myself, and my personal representatives, heirs, next-of-kin, domestic partner, spouse and assigns, I HEREBY:

1. ACKNOWLEDGE THAT THE EQUINE ACTIVITIES, INCLUDING HORSEBACK RIDING, THE HANDLING OF A HORSE OR BEING IN CLOSE PROXIMITY TO A HORSE, IS AN INHERENTLY DANGEROUS ACTIVITY AND INVOLVES THE RISK OF SERIOUS INJURY AND/OR DEATH.

2. Acknowledge and agree that I am fully informed and aware of and voluntarily and knowingly accept and assume all risks, hazards, liabilities, damages, and danger of injury or death, whether known or unknown, inherent in or arising from the Equine Activities. I understand and agree that my participation in the Equine Activities is entirely voluntary. I represent and certify that I do not suffer from any condition (physical or otherwise) that might impact or jeopardize my safe participation in J Bar J's Equine Activities, and that I am fully able and capable to safely engage in the Equine Activities. I certify and warrant that I have adequate insurance to cover any injury that I may suffer as a result of participating in the Equine Activities.

3. Acknowledge and agree that, if I am a J Bar J employee, my work duties do not require me to participate in the Equine Activities, and I do so solely for my own personal pleasure, and that such activities are not part of my work assignment, are not work-related, are not directed or controlled by J Bar J, and are not otherwise required by my employment with J Bar J. I agree to promptly report and reimburse, and to defend, indemnify and hold harmless, J Bar J for any and all loss, damage or injury

to any person or property (including J Bar J equine, property or equipment) resulting or arising from my participation in the Equine Activities.

4. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I FULLY AND VOLUNTARILY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE, AND HOLD HARMLESS J BAR J YOUTH SERVICES, INC., AND ALL OF ITS EMPLOYEES, DIRECTORS, OFFICERS, REPRESENTATIVE AND AGENTS, FOR, FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, INJURY (INCLUDING DEATH) AND/OR COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING TO MY PARTICIPATION IN THE EQUINE ACTIVITIES; FROM J BAR J'S SELECTION, CARE AND/OR TRAINING OF ITS HORSES, OR FOR ITS SELECTION, CARE OR ADJUSTMENT OF SADDLES, BRIDLES OR OTHER EQUIPMENT; J BAR J'S INSTRUCTION ON RIDING OR LEADING OR SUPERVISING RIDERS OR OTHER PARTICIPANTS; MY RIDING, TRAINING, DRIVING, GROOMING OR RIDING AS A PASSENGER ON AN EQUINE; FOR THE FAILURE TO WEAR A PROTECTIVE HELMET OR OTHER PROTECTIVE EQUIPMENT WHEN RIDING; AND/OR FOR FAILING TO INSPECT, USE OR PROPERLY USE OR APPLY SADDLES, BRIDLES, EQUIPMENT AND GEAR PROVIDED BY J BAR J (COLLECTIVELY THE "RELEASED CLAIMS"). TO THE MAXIMUM EXTENT ALLOWED BY LAW, THIS RELEASE AND THE RELEASED CLAIMS SHALL APPLY TO ANY AND ALL CLAIMS OF ANY KIND OR NATURE EVEN IF CAUSED BY THE NEGLIGENCE OF J BAR J OR ANY OTHER PERSON. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I AGREE NOT TO INITIATE ANY LEGAL ACTION OR CLAIMS AGAINST J BAR J, OR ITS EMPLOYEES, OFFICERS, DIRECTORS OR AGENTS, IN CONNECTION WITH ANY OF THE RELEASED CLAIMS, OR ANY CLAIMS WHICH COULD HAVE BEEN OR COULD BE RAISED OR THAT ARE IN ANY WAY CONNECTED WITH OR ARISING OUT OF THE ABOVE REFERENCED EQUINE ACTIVITIES.

5. AGREE TO INDEMNIFY AND HOLD HARMLESS J BAR J, AND ITS EMPLOYEES, DIRECTORS, OFFICERS, REPRESENTATIVES AND AGENTS, FOR, FROM AND AGAINST ANY LOSS, LIABILITY, DAMAGE, EXPENSE OR COST THAT MAY ARISE OUT OF OR THAT ARE IN ANY WAY CONNECTED WITH ANY OF THE RELEASED CLAIMS OR MY PARTICIPATION IN THE EQUINE ACTIVITIES.

6. Agree to abide by and follow any and all instructions given, policies or rules established by J Bar J with regard to the Equine Activities, including (without limitation) my riding, treatment or handling of a horse or being in close proximity to a horse, and including the requirement to wear a protective helmet at all times when riding a horse and/or the proper use, care and application of any saddles, bridles, vehicles, equipment and gear available or provided.

7. The I agree and understand that the provisions of ORS 30.687-30.697 apply, which provide for the limitation of liability for J Bar J for its Equine Activities, including (without limitation) that J Bar J and its equine professionals shall not be liable for any injury to me or my death arising out of riding, training, driving, grooming or riding as a passenger upon an equine, and that neither I nor my representative may maintain an action against or recover from J Bar J or its equine professionals for any injury to me or my death arising out of riding, training, driving, grooming or riding as a passenger on an equine, except as otherwise provided for therein. As a condition of my participation in the Equine Activities, I hereby fully release J Bar J and its equine professionals, and waive any right I may have to bring an action against any of them, for any injury or death arising out of my riding, training, driving, grooming, or riding as a passenger upon an equine.

8. I agree that the foregoing release and waiver of liability, assumption of risk, and indemnity agreement is governed by laws of the State of Oregon and is intended to be as broad and inclusive as is permitted by Oregon law. If any portion of this Agreement is determined to be invalid, illegal, or unenforceable for any reason, the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect. This Agreement will be binding upon the parties, and their respective successors, heirs, spouse/ domestic partner, personal representatives, guardians, and assigns.

9. Arbitration. Any dispute or claim that arises out of or that relates to this Agreement or any Released Claims, or my participation in J Bar J's Equine Activities, or to the interpretation or breach thereof, or to the existence, validity, or scope of this Agreement or the arbitration agreement, shall be resolved by arbitration in accordance with the then effective arbitration rules of (and by filing a claim with) the Arbitration Service of Portland, Inc., and judgment upon the award rendered pursuant to such arbitration may be entered in any court having jurisdiction thereof.

**I have carefully read this Agreement, and understand it is a promise not to sue and to fully release and indemnify J Bar J, and its employees and agents, for any and all claims and liabilities. I have made a free and deliberate choice to sign this Agreement as a condition to J Bar J allowing me to ride or handle a horse or participate in its Equine Activities. I have concluded that the risks involved and the full release and waiver of liability is worth the opportunity to participate in the Equine Activities and acknowledge that the same is valuable consideration for this Agreement.**

**IT IS SO AGREED.**

Participant Name

Date

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Signature of Participant



## **ACCEPTABLE USE OF TECHNOLOGY AGREEMENT** **STUDENT AND LEGAL AUTHORITY ACKNOWLEDGMENT**

### STUDENTS:

I will read and abide by J Bar J Learning Center's Chromebook Acceptable Use Agreement. I further understand that should I commit any violation my access privileges may be revoked and school disciplinary actions may be taken.

### PARENT/ LEGAL AUTHORITY:

I have read and agree to assist my child in understanding and abiding by the Chromebook Acceptable Use Agreement of J Bar J Learning Center. I understand that access to school technology equipment and its entire system of electronic communication is designed for educational purposes and give my child permission to use classroom Chromebooks. I understand that improper or inappropriate use of technology equipment and the school system by my child may result in revocation of his/her technology privileges and the imposition of school discipline. I accept all financial liabilities up to \$400.00 or damages that may result from my Child's use of the school's equipment and electronic communication system. I specifically agree to indemnify and hold J Bar J Learning Center board, staff and employees harmless for any actions, claims, costs, damages or losses relating to or arising out of my child's use of such equipment and system.

**I agree to the stipulations set forth in the above document.**

Student Name

Date

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Signature of Student

Parent/ Guardian Name

Date

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Signature of Parent/ Guardian



## **J BAR J LEARNING CENTER PLEDGE FOR CHROMEBOOK USE**

1. I will take good care for of my Chromebook.
2. I will never leave the Chromebook unattended.
3. I will never lend out my Chromebook to another individual.
4. I will keep food and beverages away from my Chromebook since they may cause damage to the device.
5. I will not disassemble any part of my Chromebook or attempt any repairs.
6. I will take full responsibility for my actions and will use electronic media, the computers, and the Internet for educational purposes only.
7. I will follow all rules and guidelines for use and the directions of all staff members, and I will not access inappropriate sites.
8. I realize that the use of the computers is a privilege, not a right. I accept that inappropriate behavior will lead to the loss of that privilege.
9. I agree not to participate in or print inappropriate materials (text or graphics) not approved by staff members or that may be offensive to others. I further agree to abide by the definition of inappropriate or illegal materials established by J Bar J Learning Center.
10. I will use my Chromebook in ways that are appropriate, that meet J Bar J Learning Center's expectations, and are educational.
11. I will not place decorations (such as stickers, markers, etc.) on the Chromebook. I will not deface the serial number or Chromebook label.
12. I will be responsible for all damages or loss caused by neglect or theft.
13. I agree to return the Chromebook each class period with the power cord and power brink in goodworking order.

**I agree to the stipulations set forth in the above document.**

Student Name

Date

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Signature of Student

Parent/ Guardian Name

Date

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Signature of Parent/ Guardian



## **BEHAVIOR MANAGEMENT POLICY / STANDARDS**

### **Standards**

Each J Bar J congregate care Facility, including The Academy at Sisters, follows an overall Behavior Management System that is consistent with the requirements of DHS Licensing as established pursuant to ORS 409.050.

### **Policy**

Each youth in our Facilities follows an overall individualized plan to promote change and behavioral improvement. Targeted behaviors are directly related to the youth's case plan and competency development goals.

Our Facilities set clear behavioral rules, boundaries, and limits. Safety of youth and staff is our first priority. All direct-service staff are trained in non-violent crisis intervention (CPI), designed to insure safety and dignity of all clientele. Staff follow established guidelines in response to problematic behaviors.

Each of our living units follow a Behavior Management System designed to maintain order, consistency and safety. Our goal is to promote pro-social behavior through a system of behavior incentives and reinforcement. Negative behaviors are recognized, corrected and refocused. Youth are guided to make responsible choices.

J Bar J prohibits the use of the following: a) spanking, hitting, or striking with an instrument, b) committing an act designed to humiliate, ridicule, or degrade a child or undermine a child's self-respect, c) punishing a child in the presence of a group or punishment of a group for the behavior of one child, d) depriving a child of food, clothing, shelter, bedding, rest, sleep, toilet access, or parental contact, e) assigning extremely strenuous exercise or work or requiring a child to spend prolonged time in one position likely to produce unreasonable discomfort, f) using physical restraint or seclusion as discipline, g) permitting or directing a child to punish another child, and h) using any other kind of harsh punishment. In accordance with these prohibitions, J Bar J and its Facilities may not make limitation on contact between any youth and the parent or legal guardian of the youth a condition of program participation.

**Consents/Disclosures/Authorizations:**

For each resident, the parent or legal guardian's and resident's signatures on this document acknowledge that the parent or legal guardian and resident have received a copy of this Behavior Management Policy / Standards and any other policies referred to below, and that the Facility is authorized to engage in the following activities pursuant to those policies and in accordance with applicable law:

- A. Provide routine and emergency medical care commensurate with the wishes of the parent or legal guardian.
- B. To use the Behavior Management System of the Facility, including point, level, or other behavior management techniques as described in the Parent Packet that the parent or legal guardian has also received.
- C. The use of non-violent crisis intervention techniques as necessary (CPI).
- D. To limit or restrict contact with persons outside the Facility not approved by parents/guardian, provided that this does not authorize the Facility to limit contact between any youth and the parent or legal guardian of the youth as a condition of program participation.
- E. Youth will have the ability to utilize the 1-855-503-SAFE (7233) DHS abuse and neglect hotline which is posted in the staff office at any time during their stay at the Academy.
- F. To exclude or limit certain personal possessions or items.
- G. To impose a dress code.
- H. To restrict resident's participation in certain recreational or leisure activities inconsistent with behavior or safety issues.
- I. Release of information related to resident's condition and background.
- J. To conduct random room searches, confiscate contraband found, label contraband and placed in storage if appropriate. Law enforcement will be notified if illegal contraband is discovered. Random room searches will be conducted to maintain order and safety of all residents in placement. Staff may or may not ask residents to be present for room searches. Staff will make every attempt to leave resident's room in the condition it was found. Program staff will never perform body searches.

Student Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

Parent/ Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

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

Parent/ Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

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



## **STUDENT PROPERTY POLICY**

Any items that are not allowed at the Academy will be placed in locked storage or returned to parents/families.

Academy staff are authorized to perform random room searches and may confiscate materials that students are not permitted to have.

All money students earn or monetary gifts will be placed in each student's allowance.

We ask that monetary gifts not exceed \$200.

All personal items, including money, will be packed by the student upon departure.

If a student is unable to pack their own belongings, Academy staff will pack all items and ship them home or to another placement, as indicated by the student's family. Parents/families will be billed for any shipping expenses.

Parent / Guardian Name

Parent / Guardian Name

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Parent / Guardian Signature

Date

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Parent / Guardian Signature

Date



## **SEPARATION OF ADULTS AND MINORS DISCLOSURE AND CONSENT**

As a therapeutic boarding school that serves youth ages 13-18, the Academy occasionally has students that are 18 and share bedrooms/housing with youth under the age of 18.

The Academy makes the safety and supervision of all of our students our top priority; we do not feel any students are adversely affected by sharing housing with students who are 18.

By signing this I am acknowledging that I am aware of and understand the above information.

Parent / Guardian Name

Parent / Guardian Name

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Parent / Guardian Signature

Date

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Parent / Guardian Signature

Date



## RELEASE OF INFORMATION AUTHORIZATION AND CONSENT

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_ (student). Student's date of birth is \_\_\_\_\_. As the parent/guardian of student, I am authorized to consent to the release of information concerning student. I request that all information concerning student's condition and background be provided to The Academy at Sisters. Therefore, I authorize the Academy at Sisters, or its agents, to contact the following sources for information concerning student for the purpose of obtaining information and documentation related to student.

Physicians and Medical Institutions  
 Educational Institutions and Programs  
 Drug or Alcohol Treatment Programs  
 Juvenile Authorities  
 Vocational Training and Placement Programs

Attorneys  
 Psychological Counselors and Clinics  
 Insurance Companies  
 Law Enforcement Agencies

I hereby authorize \_\_\_\_\_ to release to The Academy at Sisters, the following additional information:

(Describe what information is to be disclosed)

I understand that the information requested may be protected by federal and/or state law and that I am not required to sign this consent. It is my understanding that all information concerning student will be treated as confidential by The Academy at Sisters, or their agents. This document has been explained to my satisfaction.

This consent shall remain in effect until the earlier of: termination of student's enrollment at The Academy at Sisters, or until Student's 18th birthday.

A person or entity to whom a duplicate of this release (containing copies of signatures of the parties) is delivered, may rely on the duplicate, whether provided by photocopy, facsimile, or otherwise. They may also rely on the representation of The Academy at Sisters that student's enrollment is current.

Parent / Guardian Name

Parent / Guardian Name

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

Date

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

Date