

STORM RIDGE RANCH AGREEMENT

I / We _____ (parent(s) or guardian(s)) (hereafter referred to collectively as “Guardian”) represent that _____ (student’s name) (hereafter referred to as Student), are the legal guardian(s) and custodians of Student and have the authority and desire to place Student in the Storm Ridge Ranch. Guardian, and any successors in interest, hereby covenant, agree, and contract with Storm Ridge Ranch to place Student in Storm Ridge Ranch with the full consent of all parties who have legal authority and control of Student. If Guardian is divorced or unmarried, Guardian agrees to provide documentation attesting to the same.

Guardian understands that Student must meet Storm Ridge’s eligibility requirements for acceptance into the program and that misrepresentation of Student for this purpose may result in discharge from Storm Ridge.

Guardian further understands that part of the screening process is completed in the first (2) two weeks of the program and Guardian agrees that Storm Ridge may determine at this time that said Student is clinically or medically inappropriate for placement in the program.

If Student is discharged at this time, Guardian agrees to pay for the return trip home or for travel expenses to another treatment program. Guardian understands that Guardian will be charged only for the days that the student is enrolled – based on any time spent at Storm Ridge on cost per day basis. Guardian understands that the cost of the Storm Ridge Ranch is \$ _____ per month plus a one (1) time enrollment fee of \$ _____ for student admission expenses.

Payment for the selected time frame is due prior to admissions. Guardian understands that there is a minimum length of stay of 90 days and that any additional services will be invoiced on a monthly basis and is due upon receipt.

Payments are accepted by credit card, personal check, certified check or wire transfer upon admission or may be sent prior to enrollment via mail to:

Storm Ridge Ranch
95W. 3000N. Monroe, UT. 84754

While it is the goal and intention of Storm Ridge Ranch to assist Student, in the event that Storm Ridge Ranch finds that it is necessary for Student to be discharged due to medical or clinical reasons, or other reasons that may unnecessarily endanger the Student or other students within the Storm Ridge Ranch, Storm Ridge Ranch agrees to refund any excess monies after all costs, daily service fees as set forth above, and all other expenses have been deducted.

Discharge shall be at the sole discretion of Storm Ridge Ranch after consultation with Guardian. Costs may include a residential fee ... as are any costs incurred by Student should Student run away from the program, said costs may include the costs of services in searching for Student by Storm Ridge Ranch or and services provided by local governmental agencies in pursuit of Student. Guardian understands that a notice of (45) days must be given to Storm Ridge if Guardian decides to discharge child into another program or return home. There will be a forfeiture of tuition for the month of discharge if notice is not received by Storm Ridge Ranch.

Guardian agrees to pay in full for and make arrangements for the student to travel to and from Storm Ridge. Guardian agrees that any such arrangements will be made with professional transport agencies and that Storm Ridge will have no responsibility or culpability for any travel or any events which may occur during said travel. Guardian gives permission for Student to receive a medical checkup upon arrival to Utah and prior to entering programming.

Guardian further agrees that Storm Ridge may search Student's person and belongings to ensure that no illegal or harmful elements enter Storm Ridge's program.

Guardian acknowledges, permits, and understands that Student will be living in a Residential Treatment Center, which may result in the possibility of injury or illness. Guardian hereby releases, waives and forever discharges Storm Ridge Ranch, its agents, employees, owners, management, workers and assigns, from any and all liability, claims, demands, actions or rights of action, which are related.

Guardian gives permission to Storm Ridge to seek medical, hospital, dental, or psychiatric attention in the event of injury or illness, and to provide first aid as needed. All costs incurred as a result of injury, illness, or treatment, remain the costs of the legal guardians. All costs of medication needed while the student is enrolled are the responsibility of the guardians. Guardian authorizes any professional who provides treatment to student to release information to Storm Ridge. Guardians are obligated to provide medical insurance for the student.

Guardian gives permission that information from our student's records may be used to participate in research projects if confidentiality can be maintained. We also agree that pictures may be taken of our student for the purpose of sending photos to us and for maintaining current program records.

I / We agree to assign temporary custody of the student to Storm Ridge for the duration of his enrollment with Storm Ridge by signing the Power of Attorney in the enrollment application.

Signature of the Parent(s) or Guardian(s)

Date

STORM RIDGE RANCH POWER OF ATTORNEY

I / We _____ the parent(s) of _____ (known hereafter as "student") do hereby certify to Storm Ridge Ranch that I / We are the true and lawful attorney in-fact and legal guardian(s) for _____. Student was born on _____. We hereby execute this Power of Attorney in order that Storm Ridge may provide treatment, academics, and residential care for above mentioned student. I / We grant the following powers of attorney to Storm Ridge Ranch in order that proper care may be given to said student.

1. To provide or obtain all medical, dental, psychiatric treatment and hospital care, and to authorize a physician to perform any and all procedures that may appear to be medically necessary for the well being of the Student.
2. To administer drug screen, and other relevant medical testing.
3. To physically restrain the Student should he become a danger to himself or to anyone else, as deemed necessary by Storm Ridge Ranch.
4. We give permission for said student to participate in all program activities, knowing that such activities carry an inherent risk of injury or illness.
5. To search the person and personal effects of the Student at any time, as Storm Ridge deems appropriate, and seize and confiscate any items deemed by Storm Ridge to be contraband or counterproductive to the Student's successful completion of the program.
6. To restrict the Student's access to telephone calls, visitors and delivered materials.
7. To administer all educational testing and materials for acceptance into Storm Ridge Ranch School.

This Power of Attorney shall be executed this, the _____ day of _____, 20____. This Power of Attorney shall be effective upon the arrival of Student on the _____ day of _____, 20_____.

Signature of the Parent or Guardian

Date

Signature of the Parent or Guardian

Date

**STORM RIDGE RANCH
DISCLOSURE OF MEDICAL INFORMATION /
CONSENT OF EXAMINATION AND
TREATMENT**

STUDENT'S NAME: _____

Date of Birth: ____/____/ _____

Social Security Number: _____

Parent / Guardian: _____

Phone: (____) _____

I / We authorize the release of any medical information regarding the above student to Storm Ridge Ranch. That any and all psychologists, medical doctors, hospital, counselors, therapists ,or others who have treated the student and whose names have been provided to Storm Ridge Ranch, are hereby authorized to release all information regarding the medical history, diagnosis, treatment, or disability to Storm Ridge Ranch staff and or consultants that will be involved in the student's program.

I / We further authorize and give my consent to any examination, X-ray, vaccination, anesthetic, medical diagnosis, treatment or hospitalization to be rendered to the above-named minor. These services will be based upon the advice of a Licensed Physician.

Signature of the Parent or Guardian

Date

Signature of the Parent or Guardian

Date

STORM RIDGE RANCH INSURANCE INFORMATION

STUDENT'S NAME: _____
Date of Birth: ____/____/_____
Name of Insured: _____
Phone: (____) _____
Social Security Number: _____
Insurance Company: _____
Phone: (____) _____
Address: _____ City: _____ State: _____
Zip: _____
Group Number: _____

In the case that Storm Ridge needs to arrange for refills of the student's prescriptions please enclose a copy of the current insurance card(s) to help us serve you better. We will do our best to process the prescription under your insurance, but please understand that some insurance companies do not contract with pharmacies in Utah. You will remain fully liable for any amounts not paid by your insurance.

Signature of the Parent or Guardian

Date

Signature of the Policy Holder

Date

****Please attach a photocopy of the student's medical insurance card. Both front and back of card**

STORM RIDGE RANCH RELEASE OF ACADEMIC RECORDS

STUDENT'S NAME: _____

Date of Birth: ____/____/_____

This student is applying for enrollment into the Storm Ridge Ranch and permission is hereby granted for the release of transcripts of all previous Junior High and Senior High School work. Please release this information to:

**Storm Ridge Ranch
95W. 3000N. Monroe, UT. 84754**

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.

Please list all schools attended:

1) School Name: _____

2) Phone: (____) _____

Address: _____ City: _____ State: _____

Zip: _____

Grades: _____

Dates Attended: _____

3) School Name: _____

4) Phone: (____) _____

Address: _____ City: _____ State: _____

Zip: _____

Grades: _____

Dates Attended: _____

3) School Name: _____

Phone: (____) _____

Address: _____ City: _____ State: _____

Zip: _____

Grades: _____

Dates Attended: _____

5) School Name: _____

6) Phone: (____) _____
Address: _____ City: _____ State: _____
Zip: _____
Grades: _____

I hereby give my permission to Storm Ridge Ranch to administer tests to my child which are pertinent and appropriate. These may include psychological and/or academic tests.

Signature of the Parent or Guardian

Date

Signature of the Policy Holder

Date

STORM RIDGE RANCH AUTHORIZATION AND CONSENT

I/We , _____, (the “Parent / Guardian”), on behalf of myself and _____, (the “Student”) acknowledge that we are enrolling in Storm Ridge Ranch from _____ (start date) to _____ (approx. end date).

I understand that the program is physically demanding and psychologically challenging for the student, and I realize that Storm Ridge Ranch has exclusive control of the student during that time.

I/We consent and approve to the safety procedures listed below as Storm Ridge’s efforts to ensure the well-being of the student and all participants while in the program and during transport.

We understand that Storm Ridge may search the person and personal effects of the Student at any time as Storm Ridge deems appropriate. Storm Ridge may seize and confiscate any items deemed by Storm Ridge to be contraband or counterproductive to the Student’s successful completion of the program. In addition, any prescription or non-prescription drugs or medications must be in the custody of and dispensed by Storm Ridge personnel.

We understand that Storm Ridge Ranch shall be able to physically restrain the Student should he become a danger to himself or to anyone else, as deemed necessary by Storm Ridge Ranch staff. It is understood that physical restraint will be the minimum required and will only be used to ensure the student’s safety and the safety of those with whom the student may be in contact.

We acknowledge that the medical insurance information we have provided on the Medical Form is current and complete and that we are solely responsible for procuring and maintaining all medical insurance we deem necessary and that Storm Ridge has recommended that we procure and/or maintain medical insurance.

We accept full responsibility for any costs incurred for medical treatment due to failure to procure or maintain insurance, or providing outdated or falsified insurance information. We understand that it is ultimately our responsibility to provide payment to any hospital / emergency response technicians / emergency transport company that may provide services to us as a result of injury / illness during the program.

In consideration for being permitted to participate in the programs, we agree to not sue, to assume all risks and to release, hold harmless and indemnify Storm Ridge Ranch.

I / We certify that I have carefully read and understand the above authorization and consent form. I / We are aware that this is a Release Of Liability and a contract between the undersigned and the persons and entities mentioned above sign it of their own free will.

Signature of the Parent or Guardian

Date

Signature of the Parent or Guardian

Date