

Cancellation Policy and Release Waiver - Signatures Required for all Participants

Chicago Education Consultants, LLC has permission from _____ ("CLIENT") to use any photographs, video, or written statements from their participant's experience in public relations and marketing materials including internet without compensation. Chicago Education Consultants, LLC is not responsible for lost, stolen or damaged items.

CLIENT understand that in the event of cancellation with less than 14 days notice, Chicago Education Consultants, LLC is entitled to and will retain 100% of the specified payment. In the event of cancellation due to misconduct, Chicago Education Consultants, LLC will retain 100% of the program fee. The program fee includes staff supervision for activities, lodging, meals, and most program activities. Arrangements can be made to apply the fees towards a future program if timing and instructor availability allow, and is at the sole discretion of Chicago Education Consultants, LLC.

CLIENT approves these services and certifies that their children and staff are in good health. Fees do not include medical/accident insurance or coverage. Medical bills, including prescriptions, are the responsibility of CLIENT.

CLIENT understand that although Chicago Education Consultants, LLC has taken reasonable steps to provide children and adults with appropriate instruction, equipment, and skilled staff for their program experience, some inherent risks cannot be eliminated without destroying the unique character of these activities. Such risks include, but are not limited to those associated with boating, waterfront activities, wildlife and vehicle transportation. Aware of the risks and willing to assume them, CLIENT releases and agrees to hold harmless Chicago Education Consultants, LLC, their representatives, program partners, and successors for all claims or liabilities of any kind arising out of their children's and adult's participation in this program. CLIENT has read and agrees to all of the conditions of the service agreement and gives their members permission to participate.

Signature of Authorized Manager _____ Date _____

Signature of Participant Parent/Guardian _____ Date _____

Participant Name _____

Participant Address _____

Emergency Contact _____

Emergency Phone _____

MAIL ORIGINAL SIGNED COPIES FOR **ALL** PARTICIPANTS AND CHAPERONES TO:

Chicago Education Consultants, LLC
Attention: Legal Department
P.O. Box 2654
Darien, IL 60561