



# APPLICANT'S RELEASE STATEMENT

## Ambassador Preparatory/IAM

### HEALTH/MEDICAL, FINANCIAL AND ACADEMIC RELEASE STATEMENT

I have read all of the information and requirements for my child to attend Ambassador Preparatory/IAM (the School). I fully understand the cost of the program and agree to accept responsibility for payment of these expenses. In case of illness/injury, permission is granted to any appropriate medical center to examine or treat my child and make any referral deemed necessary.

Permission is also granted to release medical information to other appropriate individuals. I hereby waive and release the program management and sponsors from any liability for any injury or illness incurred while my child is enrolled at Ambassador Preparatory/IAM. I will be financially responsible for any medical attention needed during the program.

I give my permission to Ambassador Preparatory/IAM to release my child's academic records to the sponsoring agency, parent or guardian, or other schools to which he/she may apply after completing an Ambassador Preparatory/IAM program.

I also release all photographs/images taken of my child while at Ambassador Preparatory/IAM as the property of the School and I permit the use of these photographs to be used in educational research and promotional materials.

I understand that anytime my child, as a participant in Ambassador Preparatory/IAM residence program, during his/her time with the School, he/she must completely comply with the rules laid down by the School, it's staff, faculty, and residence personnel.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date