

Every participant must complete an enrollment form to participate in a Close Up Program. All students and minors should complete this form with a parent or guardian. Thank you for choosing Close Up and we look forward to having you on program soon!

Please complete your enrollment form and print a copy to keep it handy for your own reference.

I. DISCLAIMER

Close Up welcomes participation on its programs without regard to gender, race, color, religion, sexual orientation, gender identity, national origin or disability.

The Close Up Program requires a level of education, maturity and independence of participants. Student must be capable of engaging with students from different parts of the country, keeping up with the intensity of program (8:00am-10:00pm each day), riding a charter bus throughout the week, participating in discussions on public policy issues, history and government with their peers throughout the day, attending seminars, following instructions on where and when to meet instructional staff for workshops, seminars, monument study time and meals and comfortable with the noise and crowds in Washington, DC, and comply with all rules on program. I affirm that my student is capable of meeting these requirements.

Parent/Guardian Initials

II. PARENT OR GUARDIAN INFORMATION

Parent/Guardian Name

Parent/Guardian Email

Parent/Guardian Phone

Best Phone Number in Case of Emergency

- I attended the Close Up Program as a student
- Register me as a Close Up alum for access to the Alumni Newsletter and professional network

III. STUDENT INFO

This information will be used for identification on program and hotel room assignments. Students on Close Up are housed four to a room with students from their own school. It is Close Up's standard practice to room students by gender and/or gender identity. Close Up will work with schools to encourage and arrange rooming accommodations that protect and respect all students.

First Name

Last Name

Email (needs to remain valid at all times before your program)

Mailing Address

City or Town

State

Zip

Birth date (enter as mm/dd/yyyy)

Gender: Male Female Other/Non-binary

Below, please input Student's Full Legal Name (this is the name of the participant who will travel on the Close Up program) in order for Close Up to book transportation. This should match the ID s/he will bring on our program. Only participants 18 years of age or older are required to bring a government-issued ID. This is necessary for travel purposes and for you to gain entry into some of Washington's buildings.

Student's Full Legal Name (If student is 18 years of age or older at the time of travel, s/he is required to bring a government-issued ID and this name must match the ID.)

Not all airlines offer inclusive gender identifiers. Your gender must match what appears on your government-issued ID. If you are under 18 years of age at the time of travel, please indicate your gender identifier to be listed on travel documents from the options below.

Gender identification for air travel: Male Female

IV. STUDENT MEDICAL INFO

Your answers to these questions will remain confidential.

In order to attend our program, you must bring these items with you to Washington:

1. A completed Medical Questionnaire and Consent for Treatment Form
2. Your Health Insurance card or a copy of the front and back (if you have health insurance).

Special arrangements require advance notice and planning. Please complete the section below.

Do you have difficulty with mobility that requires assistance to walk such as a wheelchair, crutches or cane? Yes No

Do you need Close Up to provide a wheelchair for you while on program? Please note, Close Up staff cannot push participants in wheelchairs. Yes No

Will you bring your own wheelchair on program? Yes No

I require (select all that apply):

- A lift bus.
- An ADA-accessible hotel room.

Are you visually impaired (other than corrective vision such as glasses or contacts)? Yes No

I need (select all that apply):

- To be provided with a tablet/iPad for use during the program.
- To be sent materials electronically to put on a personal device.
- A health technician.
- Large print materials.

Are you deaf or hard of hearing? Yes No

Do you have a disability, history of seizures, or any physically debilitating ailments? Yes No

If YES, please describe in detail below:

Do you need any additional accommodations to participate in the program? Yes No

If YES, please describe in detail below:

Although we work to mitigate any costs associated with medical needs, if you require specialized assistance, such as a health technician or sign language interpretation, you may incur additional charges.

If you have questions about or requests for special medical needs, contact Sharon at 800-256-7387. Please note that Close Up program staff is not responsible to assist with wheelchairs or medical equipment, or available to administer medication.

V. DIETARY NEEDS

- I am vegan I am vegetarian I am gluten-free
 I have a severe food allergy or have Celiac disease
 Other:

If you checked any of the boxes above, what do you prefer to eat? Please note we will do our best to accommodate your dietary preferences, but we cannot guarantee specific meal requests.

VI. DEMOGRAPHICS

For educational and funding reporting purposes, Close Up requests that you provide the following demographic information. Such information will remain confidential and will not be used at any time for selection or placement criteria for the Close Up programs. Please complete all items below. Your cooperation is greatly appreciated.

1. Your Grade
2. Are you a member of a farm/migrant community? Yes No
3. Which best describes your school district?
 Urban (city)
 Suburban (outside city)
 Rural (country)
4. Check here if you are Hispanic or Latino:
5. Which best describes you? (please select one or more)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
6. Check here if you are a citizen of the United States:

VII. TERMS & CONDITIONS FOR PARENTS/GUARDIANS & STUDENTS

I, the parent or guardian of the student (“Participant”) submitting this enrollment, request that Participant be allowed to participate on your program and agree to these terms:

1. CAPABILITY TO PARTICIPATE

I understand that Close Up’s program will require Participant to interact with students and Close Up staff in a variety of settings. Participant will engage in structured academic activities and “live and learn” with students who may be from other schools across the country.

On occasion, Participant may be directed by the instructor to leave the group and to explore an educational stop (i.e. at a Smithsonian Museum) on their own or in a small group. It is the responsibility of Participant to follow instructions on the meeting time and location and take actions necessary to rejoin the group. Participant is ready to travel and is willing and able to meet these obligations, to treat everyone with respect, and to follow Close Up’s rules of conduct at all times.

2. RULES OF CONDUCT ON PROGRAM

Participant shall: (a) show respect at all times during the program, including to students, teachers, Close Up staff, presenters, vendors, and digital communications; (b) be in Participant’s hotel room before curfew; and (c) participate in all scheduled program activities unless previously excused by Close Up. Students shall not: (a) enter a hotel room not assigned to them; (b) leave program or have visitors without prior written permission from parents; or (c) possess or use alcoholic beverages, illicit drugs, or firearms or weapons of any kind. Close Up also prohibits the student use of any tobacco products or electronic nicotine delivery systems (e.g. e-cigarettes) while in Close Up hotels or participating in any component of the Close Up program.

I understand if Participant violates any of these rules as determined by Close Up, this violation will result in consequences up to and including expulsion. If expelled from the program, I authorize Close Up to send Participant home at my expense and with no refund due.

3. ROOMING ON PROGRAM

Students on Close Up are housed four to a room with students from their own school. It is Close Up’s standard practice to room students by gender and/or gender identity. Close Up will work with schools to encourage and arrange rooming accommodations that protect and respect all students. Close Up uses hotel rooms that contain two double beds. In most circumstances, two students are expected to share each bed. If a school does not have multiples of four, students may have to room with students from a different school. Students from different schools will not share a bed. Close Up rooming policies are subject to change.

4. TRAVEL INSURANCE

Close Up has partnered with Travel Guard Group, Inc., which offers travel insurance plans. Participants should consult Travel Guard for detailed information about coverage options and their terms of service. If you have purchased travel insurance through Travel Guard and are no longer participating in a Close Up program, you must cancel your trip and inform Travel Guard of the trip cancellation prior to the departure date.

To purchase travel insurance from Travel Guard, please [click here](#). After completing traveling information, select “CLOSE-UP FOUNDATION” under “Tour Operator.” If you do not know your airline at the time of purchase, choose “NONE.”

5. VALUABLES

Participant is advised to leave valuables at home. Participant may share hotel rooms, meeting space, and buses with students from other schools and communities. Close Up is not liable for lost or stolen items or for any use of personal property, such as Participant’s cell phone, even if such use is by other program participants.

6. CELL PHONES AND ELECTRONIC DEVICE

I understand that the Close Up program depends on groups of students working together in various learning environments and that use of cell phones, tablets, and/or other similar devices during such times interferes with learning opportunities. Thus, Participant shall turn off their cell phone, tablet, and/or similar devices when requested by their instructor or program leader. In addition, Participant may not record video of participants or staff without consent to do so while on the Close Up program. Failure to comply with either of these policies is considered a violation of the Close Up respect rule.

7. PHOTOS AND LIKENESS

I consent to the use of, in any medium, Participant's name, likeness, audio, video, photograph, or quotes, including posting the same on Close Up's website or social media. Close Up may use Facebook, Twitter, Instagram, or other social media outlets to interact with Participant regarding issues related to the program. I understand and consent to this use of social media by and with Participant.

8. DAMAGES

I assume liability and full responsibility to pay for any and all damage to Close Up property or property of any Close Up vendors such as hotels, restaurants, seminar rooms, or buses caused by Participant while on program. Hotel damage includes, but is not limited to, cleaning charges for Participant's room in which there has been smoking as determined by the hotel while the Participant was on program. I will pay any and all charges for damage caused by Participant in accordance with the damaged vendor's policies.

9. MEDICAL

Participant must bring the following documents on a Close Up program: (1) a completed Medical Questionnaire Form; (2) a signed Consent for Treatment Form; and (3) their health insurance card or a copy of the front and back of the card (if the participant has health insurance). Participants are not required to have health insurance in order to participate in a Close Up program. If Participant, in the opinion of Participant's teacher or Close Up or its delegate, needs medical consultation or treatment, I authorize such consultation or treatment and authorize release of information as deemed necessary to treat Participant and to assist with related insurance matters. I authorize all medical providers to bill my insurer directly using the information included in the health insurance card I provided.

10. MEDICATION AND DIETARY NEEDS

Participant is responsible for their recurring medical treatments and medication without Close Up supervision. All medications, injections, or other treatments must be monitored and administered by the Participant. I will notify Close Up in advance of all medication that needs to be refrigerated. I understand that while Close Up will take reasonable measures to assist with dietary needs, Close Up cannot control or guarantee the contents of food products during travel. Participants with dietary allergies are ultimately responsible for inspecting all food for ingredients related to the allergy. Further, I understand that Close Up does not provide medical care, but that Close Up will help Participant get access to quality medical care should Participant require it while on program.

11. PROGRAM PRICE

I understand that the program price includes tuition, room and board, in-town transportation, safety and security, activity fees, limited accidental injury policy, and the group transportation package, if selected. I agree to pay additional charges that might apply for optional items we select, including but not limited to extra days on program and out-of-town options.

I understand that the Early Bird pricing is only valid if the nonrefundable deposit is paid in accordance with Close Up's Early Bird pricing arrangement. I acknowledge that the program price may change if I enroll and pay my deposit after the corresponding deposit deadline has passed.

12. PAYMENT AND CANCELLATION POLICIES

I understand and agree that the initial \$500 of my program payment is a planning and booking deposit and is nonrefundable and nontransferable from the time of payment under any circumstances. Early Bird deposits are also nonrefundable and nontransferable from the time of payment under any circumstances. I agree to pay the entire remaining balance no later than the final payment deadline. For this purpose, I understand that Close Up must actually receive my payment in full by that date.

I also understand that if I, the school, or the district chooses to cancel participation on or after the final payment date, no refund will be issued for any payments on the account. The standard cancellation policy outlined above applies should a participant, school, or district cancel based on concern or fear of travel due to unforeseen circumstances. If I have not made payment in full by the final payment deadline, Close Up, at its discretion, may cancel Participant's enrollment.

In the event of a cancellation for nonpayment, Close Up, at its discretion, may allow Participant to re-enroll, provided Close Up has available space on its program, provided I or Participant make(s) full payment at the time of re-enrollment, and provided I or Participant pay(s) any and all incremental vendor charges that Close Up might incur.

Additionally, Close Up retains the right to modify, delay, or postpone the program as a result of unforeseeable events that are beyond Close Up's reasonable control, including but not limited to, acts of God, war (whether declared or undeclared), criminal or terrorist activities or threats, incidents of violence, actual/perceived/threatened public health issues or quarantine, actual/perceived/threatened epidemics or pandemics, strikes, government restrictions or government shutdowns, fire or severe weather conditions, or any other reason that makes it impossible or commercially unreasonable in the sole opinion of Close Up to conduct the program as originally contracted.

If Close Up suspends or postpones the program for any such reason, Close Up will work with all impacted groups to reschedule to a new program date. If rescheduling is not an option, Close Up will work with its vendors to maximize available refunds to Participants. Close Up reserves the right to issue a program credit in lieu of a money-back refund towards a future Close Up program.

For California Residents Only: Upon cancellation of transportation or travel services, where the passenger is not at fault and has not canceled in violation of any terms and conditions previously clearly and conspicuously disclosed and agreed to by the passenger, all sums paid to the seller of travel for services not provided will be promptly paid to the passenger, unless the passenger advises the seller of travel in writing, after cancellation. This provision does not apply where the seller of travel has remitted the payment to another registered wholesale seller of travel or a carrier, without obtaining a refund, and where the wholesaler or provider defaults in providing the agreed-upon transportation or service.

13. LATE ENROLLMENT/ADDITIONAL CHARGES

Close Up welcomes enrollments at any time. If Participant enrolls after the deposit deadline, I understand I may incur additional fees including, but not limited to, flights and transportation. If Participant registers for a program after the final payment deadline, I understand that payment is due in full at the time of registration. Also, because Close Up may be booking Participant's travel package close to the program's start date, I agree to pay any additional airline charges Close Up might incur.

14. GENERAL TRANSPORTATION AND PROGRAM SERVICES

FLIGHT INFORMATION AND OTHER AIRLINE CHARGES

Close Up does its best to provide the most direct route to your destination city. However, due to available flight routings, we cannot guarantee nonstop or direct flights. Sometimes, groups may travel on an overnight red-eye flight, departing the evening before the program is scheduled to begin. Based on seat availability and the size of the plane, we may not be able to accommodate all members of a group on the same flight. Close Up is not able to pre-assign seating. Seat assignments will be provided upon check-in. Depending on your group's size, travelers may or may not sit together.

If Participant would like to travel independently of the group's Close Up travel plans, they must complete and submit an Independent Transportation Form to Close Up at least 120 days prior to the program start date. A fee of \$50 will be charged for late forms. No forms will be accepted later than 60 days before the program start date. If Participant chooses this option, I understand Participant must make their own travel arrangements to and from the hotel.

In some circumstances, Close Up may be able to re-route Participant from the group contract to originate or complete the trip at a different airport or on alternate dates. For any such individual flight deviations from that of the overall group, a deviation service fee plus any additional airfare tickets costs will be charged.

Close Up is not responsible for airline schedule changes or mechanical-, weather-, or capacity-related flight delays. Further, Close Up contracts with airlines in advance of the program date in order to ensure that participants can get tickets for the program week they select. Should the airlines impose an additional fuel or other charge, I agree to pay that charge as part of the program price. I also understand Participant must pay baggage, boarding, or other extra airline fees at the airport and directly to the airline.

I understand that late changes to flight times and routing will be communicated from Close Up through the trip coordinator for the group.

AIRLINE RESERVATION SERVICES

Airline reservations may be purchased through Close Up. By using our airline services, all participants agree that Close Up, in purchasing, selling, or otherwise arranging airline transportation, is acting only as an agent with the airline carriers, who are independent contractors.

Close Up is not liable or responsible for any accident, death, personal injury, illness, property damage, delay, or other loss or expenses of any nature arising out of any act of God or failure for an airline carrier to provide services. Airline tickets purchased through Close Up constitutes a contract between the participant and the airline carrier.

Close Up is not liable for, and does not assume responsibility or accept claims with regard to: seat assignments, schedule changes, voluntary flight changes, missed connections, cancellations, claims for a refund or reimbursement of airline ticket fees, or any other loss or expense incurred by the passenger for any reason (including without limitation to airline bankruptcy, insolvency, or reorganization of a carrier).

Close Up airline services must be purchased in conjunction with a Close Up program. It is my responsibility to confirm with my trip coordinator the flight information 24 hours prior to departure and be aware of any changes made by the airline carrier.

MODIFICATION TO TRAVEL TERMS AND CONDITIONS

Close Up reserves the right to correct any errors or omissions in its published materials and to amend these Travel Terms and Conditions at any time. All amended Travel Terms and Conditions shall automatically be effective upon being posted by Close Up to our website CloseUp.org.

Close Up participants should check their accounts at CloseUp.org prior to travel to ensure they are up to date on any changes.

CLOSE UP RESPONSIBILITIES - LIMITS

Close Up aims to give each of our participants the best possible customer service and attention. All participants on a Close Up program should be aware that, in arranging transportation (including airline transportation), restaurants, hotels, and other accommodations or any other service, Close Up and its employees, booking agents, suppliers, and affiliates are acting only as an agent for the Participant. Close Up assumes no liability or responsibility for any accident, death, personal injury, illness, property damage, delay, or other loss or expense of any nature. All airline carriers, motor coach companies, hotels, restaurants, museums, or other persons and/or suppliers providing services to Close Up for our programs are independent contractors.

SUPPLIER AGREEMENTS

Close Up does not own, manage, control, run, or operate any transportation (including airline carriers and motor coach companies), hotel, restaurant, or any other supplier of services connected to our program. All program services are subject to the terms and conditions specific to the supplier of such service and to the laws in which the services are supplied.

15. HOTEL CHECK-IN

I understand that Participant must register at the hotel with Close Up staff when Participant arrives on program. Participant may not be able to check into their hotel room until 6:00pm on arrival day. Close Up will provide a room to store luggage if a sleeping room is not available upon arrival. Close Up is not liable for lost or stolen items from said storage room or for any use of personal property.

16. DISCLOSURE

I authorize Close Up to share all information on Participant's application with Close Up employees or their delegates whenever helpful to performing their duties.

17. CREDIT CARD OR BANK ACCOUNT DEBIT CERTIFICATION

By registering Participant for your program, I certify that, if my method of payment is credit card and/or bank account debit, that I have the proper authority to authorize you to charge my credit card or debit my bank's checking, savings, or other account.

18. STUDENT SURVEY

I authorize Participant to be a part of a pre- and post-program evaluation study of civic knowledge. All information collected in connection with this survey is confidential.

19. CERTIFICATION

I certify that all information on this application and any attachment is correct and I agree to advise Close Up in writing of all changes to the information that might occur between now and Participant's program start date.

I have read and agree to the Close Up Foundation's terms and conditions.

Participant Signature

Date

Parent/Guardian Signature

Date



AUTHORIZATION AND RELEASE FROM LIABILITY

Close Up Foundation (“Close Up”) is committed to providing a safe, memorable, and educational experience for all participants. As Close Up continues its restart of in-person programming, our policies, schedules, health/safety protocols, and other components of program may be changed, modified, and/or replaced.

The undersigned is an adult participant on program or the Parent(s)/Legal Guardian(s) (“Parent”) of a student who will be participating on in-person Close Up programming. In consideration for my or my Student’s involvement in Close Up programming, I confirm agreement to the general Close Up Terms and Conditions and hereby agree to the following terms and conditions. Close Up reserves the right to modify this document as conditions warrant. In this Authorization and Release from Liability, adult participant and student participant may be referred to individually as “Participant” and collectively as “Participants”.

- 1. Voluntary Participation:** I understand that Participant’s involvement in any Close Up program is entirely voluntary.
- 2. Health Emergency Acknowledgement:** I understand that the COVID-19 Public Health Emergency is currently on-going. I understand that COVID-19 is an extremely contagious disease that can lead to severe illness and death, and that no list of restrictions, guidelines, or practices will remove 100% of the risk of exposure to COVID-19, as the virus can be transmitted by persons who are asymptomatic, and before some people show signs of infection.
- 3. Inherent Risk Acknowledgement:** I understand that there is an inherent risk of exposure to COVID-19 during travel and in any public place where other people are present. I understand that Participant may touch shared surfaces, share a sleeping room with other participants, and participate in both indoor and outdoor activities with other participants. I acknowledge that Close Up and its vendors have instituted safety and health guidelines consistent with federal, state and local health agency recommendations but cannot guarantee that all participants will follow all protocols set out in these recommendations. I acknowledge that Close Up will not be confirming the vaccination status of participants prior to participation.
- 4. Assumption of Risk:** Despite the protocols and procedures in place to mitigate the transmission of COVID-19 on Close Up, I understand and acknowledge there are inherent risks for the Participant. These risks include, but are not limited to exposure to COVID-19, becoming infected with COVID-19, or becoming a symptomatic or asymptomatic carrier of the virus. I understand that Participant’s possible exposure to COVID-19 may result in Participant spreading the infection to other family members or other persons. I recognize that if Participant receives a positive diagnosis of COVID-19 while on Close Up, or if Participant is notified of COVID-19 exposure within 10 days before their Close Up trip, during their Close Up trip, or after their Close Up trip, they may encounter extended quarantine/self-isolation, additional tests, medical care, hospitalization, other potential complications, and the risk of death. I hereby acknowledge and assume the risks of Participant becoming infected with COVID-19 as a result of participation on a Close Up program.
- 5. Waiver and Release of Liability:** I understand and agree that travel and participation in Close Up creates the risk of accident, illness, or injury. I further understand that Participant is subject to the procedures and operations of public vendors, including airlines, and assumes the risk inherent thereto. As discussed above, participation in Close Up during the duration of the COVID-19 pandemic creates the specific risk that Participant could be exposed to and/or infected by COVID-19. I release Close Up, its Board, Officers, employees, and agents from all claims, liability, and damages that Participant may have for personal injuries, illnesses, medical expenses, or other loss resulting from Participant’s involvement in Close Up, including those pertaining to exposure to or illness from COVID-19. I agree that this release includes personal injury,

illness, medical expenses, or other losses caused by or resulting from negligence, active or passive, of Close Up, its Board, Officers, employees, and agents however, the release does not apply to liability for gross negligence, willful injury, or fraud, and is not intended to release Close Up insurers, if any, or non-agent third parties of any responsibility for any claims that may otherwise be asserted.

6. **Program Modifications:** I understand and accept that Close Up reserves the right to make modifications to the original program schedule to comply with local/state/federal laws, restrictions, and guidance, as well as to adhere to safety protocols and procedures put in place by Close Up, venues, or vendors.
7. **Mask Policy:** Masks are strongly recommended, but not required for all Close Up participants and staff. Masks will be required during all components in locations where masks are required. Close Up will provide masks to participants, if desired. Any changes to this policy will be made in accordance with local, state, and federal guidance and other best practices and will be communicated to Close Up Trip Coordinators as well as posted on Close Up's website.
8. **Adherence to Safety and Health Guidelines:** I acknowledge that Close Up has implemented enhanced safety protocols and reserves the right to implement further prudent and reasonable preventative protocols, policies, and procedures designed to reduce the spread of COVID-19 during Participant's involvement in a Close Up program. I have discussed this with Participant and acknowledge the importance of the shared responsibility to adhere to these protocols in order to reduce the risks of contracting or spreading the virus while Participant is on a Close Up program. I acknowledge and agree that Participant will abide by such guidelines, including but not limited to mask-wearing, hand-washing/sanitizing, physical distancing, and reporting any symptoms of COVID-19 that Participant may experience to Close Up staff immediately.
9. **Close Up COVID-19 Protocols:** I understand that Close Up reserves the right to make a number of programmatic changes, adjustments, and modifications as a result of the ongoing COVID-19 pandemic. I have read the Close Up Foundation [COVID-19 Protocols document](#), and understand that Close Up will adhere to the safety guidelines laid out in that document. **I understand that I may incur significant costs if Participant is required to quarantine due to a positive COVID-19 test. I understand that if Participant is required to be quarantined, I will arrange for supervision and/or take custody of Participant at Close Up's program hotel within 24 hours of notice.** I understand that Close Up, in conjunction with its medical partners and local health officials, will make a determination of who is considered exposed to COVID-19 and will be required to take precautions. I understand that the Close Up Foundation [COVID-19 Protocols document](#) may be updated, and that I am responsible for reviewing updates posted to the [Close Up Foundation COVID-19 Protocols](#).
10. **Testing and Vaccination:** It is possible Participant is already an asymptomatic carrier of the virus and that the Participant may infect other students, employees, or other individuals on Close Up. Therefore, I understand that Close Up strongly recommends that Participant a) be fully vaccinated against COVID-19 prior to their program start date, and b) take a COVID-19 rapid test 24 hours prior to departure and receive a negative result. Participant should consult with their personal physician regarding travel protocols, testing, and risks associated with travel. I also understand that I am responsible for ensuring that Participant follows reasonable and/or necessary protocols upon returning home from a Close Up program.
11. **Eligibility to Participate on Close Up:** I confirm that Participant a) has not tested positive for COVID-19 in the 10 days before travel; and b) has not experienced COVID-19 symptoms in the 10 days before travel. If I cannot confirm any and all of requirements (a) through (b), Participant is not eligible to participate in a Close Up in-person program. **I will alert our Trip Coordinator and Close Up staff immediately if I am informed of any new information that would change Participant's eligibility to participate.**
12. **Centers for Disease Control and Prevention Information:** I have reviewed applicable current information regarding COVID-19 and precautionary measures published by the Centers for Disease Control and Prevention (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>), as well as state and local health departments,

and am permitting the Participant to participate in Close Up activities with a full understanding of such information. I acknowledge that I have discussed this information with Participant, who agrees to participate on Close Up activities with an understanding of this information.

13. Miscellaneous: The releases contained within this Authorization and Release from Liability are for the benefit of Close Up and are binding on the Participant, Parents/Guardians, their heirs, beneficiaries, legal representatives, executors, administrators, and assigns. This Authorization and Release from Liability shall be governed by the laws of the State of Virginia. If any clause, sentence, paragraph or other provision of this Authorization and Release from Liability is, for whatever reason, deemed void, or otherwise unenforceable, then such language shall be severed and the rest of the Authorization and Release from Liability shall remain in full force and effect.

By signing this Authorization and Release from Liability, **I acknowledge and represent that I have read the Authorization and Release from Liability, fully understand it, and agree to its provisions as a condition for participation in a Close Up program,** and sign it voluntarily as my own free act on behalf of myself, and, if applicable, as the Parent or Legal Guardian of the Participant, on behalf of the Participant. Each Parent/Guardian should sign this Authorization and Release from Liability; however, it may be signed by a single Parent or Guardian who has the authority to enter such agreements on behalf of the Participant and/or the consent of all other Parents or Guardians to do so. The submission of the Authorization and Release from Liability with the signature of a single Parent/Guardian will constitute the representation of that Parent/Guardian that they have the necessary authority and consent. No oral representations, statements, or inducements apart from the foregoing Authorization and Release from Liability that has been reduced to writing have been made. Close Up reserves the right to modify this document as conditions warrant.

Participant Signature Date

Parent/Guardian Signature Date