



## O.A.K.S Institute Student Application

Thanks for your interest in the Martin University **O.A.K.S Institute**. By completing the application below you will begin the process of participating in this exciting and transformative intuitive way for Martin University.

Required \*

### Personal Information

Full Legal Name \* (Print/type)

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Last name, First name, M.I

Date of Birth \* :

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DD/MM/YYYY

Permanent residence \*

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Street, Apartment Number

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City, State, ZIP

Home Number: \_\_\_\_\_

Cell Number \* : \_\_\_\_\_

Email Address \* : \_\_\_\_\_

## Parent/Legal Gaurdian Information

Parent/Gaurdian 1 \*

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Last name, First name, M.I

Relationship

Email Address \* : \_\_\_\_\_

Phone Number \* : \_\_\_\_\_

Parent/Gaurdian 2

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Last name, First name, M.I

Relationship

Email Address \* : \_\_\_\_\_

Phone Number \* : \_\_\_\_\_

## Emergency Contact

Contact 1 \*

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Last name, First name

Relationship

Phone Number \* : \_\_\_\_\_

Contact 1 \*

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Last name, First name

Relationship

Phone Number \* : \_\_\_\_\_

## High School Information

Name of High School: \_\_\_\_\_

Cumulative GPA : \_\_\_\_\_



## **Informed Consent and Acknowledgement**

I hereby give my approval for my child's participation in any and all activities prepared by O.A.K.S Institute during the selected camp. In exchange for the acceptance of said child's candidacy by O.A.K.S Institute, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless O.A.K.S Institute and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against O.A.K.S Institute, including all counselors and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event.

## **Medical Release and Authorization**

As Parent and/or Guardian of the named camper, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named camper. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the O.A.K.S Institute and its affiliates including Directors, Coordinators, Counselors, and other faculty and staff to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the camp.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

## **Notice of Acceptance**

- Initial notice for O.A.K.S Institute’s selected participants will be sent via email to the address provided on the application.
- Martin University will verify eligibility through your organization’s leaders .
- Final notice of acceptance will be sent to each finalist via email, or postal mail, where possible, after verification is complete.

Candidates who are awarded acceptance to the program will have three weeks from the date of notification to accept their seat. If acceptance is not submitted by the deadline, the offer could be withdrawn. Exceptions to this policy will be considered on a case by case basis if extenuating circumstances are demonstrated.

Martin University reserves the right to discontinue or modify O.A.K.S Institute, or any component thereof, and to revise any or all of the requirements, processes, or eligibility criteria at any time.

Any material misrepresenting the facts in the candidate's application and supporting materials, whether discovered during the verification process or later, will result in withdrawal of the application from consideration. Following notice to the candidate of the discovery of the misrepresentation, and the opportunity for the candidate to explain the circumstances of the erroneous submission, the candidate may be banned from applying for admission to O.A.K.S Institute in the future if intentional misrepresentation to gain competitive advantage is proven to be true.

## **Statement of Agreement**

I have read and understand the conditions of the application for O.A.K.S Institute. I affirm that I plan to abide by all agreements, if selected. I waive the right to access letters of recommendation written on my behalf. I affirm that all of this application is my own work. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Camper’s Signature \* :

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Parent’s/Legal Gaurdian’s Signature \* :

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Date \* :

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## **GENERAL PHOTOGRAPHY RELEASE**

I, hereby authorize Martin University/O.A.K.S Institute to publish photographs taken of me and my name and likeness, for use in Martin University's/O.A.K.S Institute's print, online, and video-based marketing materials, as well as, other company publications.

I, hereby release and hold harmless Martin University/O.A.K.S Institute from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications, I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I, hereby release Martin University/O.A.K.S Institute, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Name:

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Signature:

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Date:

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