



NATIONAL HISPANIC INSTITUTE
est. 1979

2023-24 NHI Parent Release, Financial Policy, Medical Authorization, and Safety Acknowledgement and Indemnification Universal Policy

The National Hispanic Institute (NHI) is a tax exempt, private 501(c) 3 non-profit organization that provides educational service in leadership development. Its offices are located at 472 FM 1966, Maxwell, Texas, USA, about 26 miles southeast of Austin. NHI does not depend on public or private grants. The majority of its funding comes from the student registration fees paid by parents or local community sponsors. To keep these fees within reach of most family and community capacities, the Institute also relies heavily on student and adult volunteers and the generosity of host colleges and universities that realize the value of the training and services NHI students receive.

The NHI experience begins with pre-program orientations and self-guided readiness training in March/April - May/June (depending on location and program), followed by summer programs in June/July, 2024. However, much of the work has already been underway since September 1, 2023. In order to adequately plan and prepare for the programs, NHI has developed the following policies regarding student registration fees. This policy serves as a universal policy for its programs.

1) Summer 2024 Application Fee and Deposit

- a. All students must submit a \$25 non-refundable application fee online for an NHI program in order to be reviewed for admission.
- b. Because NHI begins to service students upon applying to the program (reservations with universities, hotels, program materials and supplies orders, etc.), the \$25 application fee and \$150 deposit are non-refundable.

2) Summer 2024 Deposit and Tuition Payments

- a. Once a student has been accepted, the family will be asked to submit a \$150 non-refundable security deposit ten (10) days from the acceptance date to secure their spot in the program.
- b. Early admission applicants (apply by Oct. 20, 2023) may pay the balance of their tuition by their designated tuition deadline or payment plan deadline.
- c. Regular admission applicants (apply by Nov. 20, 2023) may pay the balance of their tuition by their designated tuition deadline or payment plan deadline.
- d. Winter admissions applicants (apply by December 20, 2023) will be accepted on a space available basis and will have shortened payment deadlines.

2024 Tuition Rates*

	Application Fee (non refundable)	Security Deposit (non refundable)	Tuition (See Refund Policy Chart)
Great Debate	\$25.....	\$150.....	\$645
CO/TX LDZ	\$25.....	\$150.....	\$1,050
American LDZ	\$25.....	\$150.....	\$1,120
CWS	\$25.....	\$150.....	\$720

*Tuition does not include round trip transportation to and from the location (cost varies), airport transfer fees, and reading material (approximately \$15-\$20). NHI organizes shuttles from designated airports for most programs at affordable rates.

3) Payment Plans

NHI's program admission letter offers families the option of breaking up lump sum tuition balances into smaller payment amounts through the assigned tuition deadline. For questions, write to admissions@nhimail.com with the student's full name.

4). Extensions

Families that need an extension beyond the tuition deadline should write to admissions@nhimail.com with the student's full name as soon as possible. Extension plans *must satisfy a portion of the payments* before the student's assigned tuition deadline, and are not guaranteed. Plans can only be built by NHI headquarters.

5) 2024 Withdrawal and Refund Policy

If a student is unable to attend her/his/their 2024 Program, please note that expenditures have already been made by NHI in staff time, developing a record, materials/supplies orders, communications, reservations with universities, etc. With the exception of the \$25 application fee and \$150 deposit, limited refunds are issued within the timelines available in the signature section of this document. Students who may not attend have the option of transferring their tuition credit to a different program during the same summer, or transferring their credit to the following summer.

6) Third Party Tuition Sponsorship or Donation

- a. If a student's registration was paid by a third party (school district, non-profit organization, or sponsor) and the student withdraws from the program, the third party donor may transfer that program tuition (less the \$25 application fee, \$150 deposit) to an alternate student in the same program year, provided that the alternate meets the requirements for admission to an NHI program and there is space. Any unused funds by third parties will be placed into NHI's Hispanic Youth Fund for a student with financial need and reported as a donation.
- b. Students who confirm their attendance and are no-shows will not be able to access refunds for their sponsors/donors. Questions may be directed to admissions@nhimail.com.

7) Acknowledgment of Risk

I am fully aware as the authorizing parent that there are inherent risks to my child's involvement in this activity, including but not limited to: bodily injury or harm, sickness or disease, emotional distress, stress induced or related illness or death to persons whether arising on account of a particular physical or mental activity, requirement, or demand that arises directly or indirectly in connection with the performance of any physical or mental activity initiated by NHI, its subsidiaries, affiliates, university partners, successors, and any or all of their employees, volunteers, contractors, members, agents, owners, and directors.

8) Permission to participate in Recreational Activities

This further certifies that I, the undersigned parent, in consideration for the benefits to be derived by our daughter/son/child, do certify that he/she may participate in any normal and routine recreational or exercise programs of the National Hispanic Institute.

9) Waiver of Liability

I hereby release the National Hispanic Institute, its officers, agents, instructors, employees and volunteers for any and all illness, injury or accident incurred or suffered by said daughter/son/child while traveling to, attendance at, or participation in the program from the time of her/his/their departure from home until her/his/their return thereto.

10) Media Authorization

I hereby authorize the National Hispanic Institute to allow the use of promotional photography and video graphic images of this minor. I also authorize the use of recordings and/or transcripts of interviews or comments made by my daughter/son/child.

11) "Celebración 2024" Participation (*Celebración is an advanced leadership experience offered after NHI's 2024 programs*)

In the event my child is invited to attend *Celebración 2024*, I authorize this parent release permission form to have full force and effect during that program.

12) Use of Lists

I am aware that this minor's name and contact information will be circulated to NHI's College Register members for purposes of college outreach and recruitment. I am further aware that this minor's name and hometown may be circulated to the media for publication purposes. (I will have the opportunity to opt in to other possible lists in the agreement.)

13) Zero Tolerance Policy

I acknowledge that the National Hispanic Institute has a Zero Tolerance policy for the use of alcohol and/or illegal drugs. Any participant or volunteer who is found to be under the influence of alcohol and/or illegal drugs while participating in an NHI sponsored activity will be sent home at their own expense. Minors will be sent home at the expense of their parents or guardian. No tuition or fee refunds will be given. Possession of illegal drugs will be referred to the local police.

14) Weapons

The possession of firearms or illegal weapons is prohibited at all NHI programs. Violations of this policy may result in the participant or student volunteer being sent home from the program. No tuition or fee refunds will be given.

15) Harassment

Harassment – verbal, physical, threats, or through defamation of character in public or through social mediums -- will not be

tolerated. Students engaging in harassment may be sent home and suspended from further participation with NHI. No tuition or fee refunds will be given.

16) Unbecoming Conduct

In the event my child displays inappropriate conduct during the program, such as but not limited to, destruction of property, disruption of program activities, theft, leaving the campus or the group activities without advising mentors, or violating curfew, I understand that it is NHI's right to ask my student to leave the program at the parent/guardian's expense. No tuition or fee refunds will be given.

17) Sexual Harassment or Activity

Sexual contact or harassment between participants is prohibited. Participants found to have engaged in sexual contact or harassment may be asked to leave the program. If such contact or harassment occurs, the volunteer will be removed from the program immediately. Depending on the nature of the contact and the ages of the participant and volunteer, the incident may be reported to the local police. No tuition or fee refunds will be given.

18) Suspension of Future Participation

Any participant or volunteer who violates any of the above policies will be suspended from future participation in any NHI programs or activities. After a minimum period of up to six months, a suspended participant or volunteer may apply for reinstatement. NHI maintains sole discretion as to the potential reinstatement. Participants or volunteers may be required, at their own expense, to complete additional training and/or counseling or to be under close supervision as a condition of reinstatement.

**2023-2024 NHI Parent Release, Financial Policy, Medical Authorization, and
Safety Acknowledgement and Indemnification
FORM AND SIGNATURES
For NHI Student Participants and All Volunteers
(Print/email this to admissions@nhimail.com OR fill out the online version)**

PART A

I. PERSONAL INFORMATION OF THE PROGRAM ATTENDEE

The person who will attend is (select all that apply):

NHI Program(s):

(If you are a student participant and a summer volunteer,
Please select the student participant program.)

First Name Middle Name Last Name(s) Preferred First Name

Home Address City State Zip Country

Date of Birth (mm/dd/yyyy) Age User ID (NHI ID assigned by online registration)

Assigned sex at birth: _____ Current gender identity: _____ (Male/female/non-binary or preferred language)

II. PARENT/GUARDIAN 1 INFORMATION (If you are over 18 years old, you may leave this blank)

Full Name Home Phone Cell Phone (Relationship: Mom/Dad/Guardian)

PARENT/GUARDIAN 2 INFORMATION (If you are over 18 years old, you may leave this blank)

Full Name Home Phone Cell Phone (Relationship: Mom/Dad/Guardian)

ALTERNATIVE EMERGENCY CONTACT INFORMATION (Required for everyone)

Full Name Home Phone Cell Phone (Relationship: Mom/Dad/Guardian)

III. COVID-19 VACCINE INFORMATION

NHI will comply with requirements set forth by the U.S. Centers for Disease Control and Prevention, and/or program host university policies regarding COVID-19 vaccinations. If your child has received vaccinations for COVID-19, please list the date and formulation of administration below. If your child is not vaccinated due to a medical, religious, or other reason, please indicate below.

YES, my child is vaccinated for COVID-19 Date of last vaccination: _____ (MM/DD/YEAR)
IF YES, FILL OUT THIS SECTION: Type of vaccine _____ (Pfizer, Moderna, Johnson & Johnson, etc.)

NO, my child is not vaccinated for COVID-19.

IV. MEDICAL/MENTAL/HEALTH/SOCIALIZATION CONDITIONS (Required for in-person, optional for online)

Do you have any medical conditions that we should be aware of?

List any conditions or concerns that you feel are important for us to know. This may include physical conditions, mental health conditions such as anxiety or depression, conduct, concerns about being on or off particular medications, concerns about student fitting in with peer groups, etc.

CURRENT MEDICATIONS (List all medications currently being taken by the student or volunteer.)

ALLERGIC REACTIONS TO MEDICATION & FOOD OR DIETARY RESTRICTIONS

Food Allergy (If yes, please list) _____

Dietary restrictions (If yes, please list) _____

Reacts to medications (If yes, please list) _____

PHYSICIAN INFORMATION (IF AVAILABLE)

Physician Name Clinic Name Phone Number Fax Number

INSURANCE INFORMATION (IF AVAILABLE)

Insurance Company Phone Number Group Number Policy Number

Policy Holder's Name Relationship Home Phone Cell Phone

ACKNOWLEDGEMENT OF MEDICAL POLICY

I, as the authorized parent/guardian (or if over 18, Myself), certify that the information that I wrote and/or entered online for the NHI Medical Authorization Form, Parent Release & Financial Policy Form is true and correct. _____ **(initial)**

I certify that I have fully disclosed any medical, physical, mental, or emotional conditions of my child or (if over 18) myself that may affect their/my ability to participate fully in the program. _____ **(initial)**

I understand that to attend an in-person program, my student/myself must meet any vaccination requirements against communicable diseases or have an appropriate exemption, including COVID-19 or other vaccine-preventable illness, as required by the U.S. Centers for Disease Control and Prevention or by the policies of my program's host institution. _____ **(initial)**

I understand that participation in the National Hispanic Institute in-person programs may include participation in routine physical exercise. I grant permission for my child or (if over 18) myself to participate in routine recreational or exercise activities that are part of the National Hispanic Institute programs. _____ **(initial)**

I understand that it is my responsibility to inform NHI of any changes to medical conditions and/or medications, including mental health, in writing at least 60 days prior to the start of the program by writing to confidential@nhimail.com. _____ **(initial)**

In the event that my child (or if over 18) myself becomes sick or injured during the program, including a suspected illness, I authorize the National Hispanic Institute to seek appropriate medical treatment and/or hospitalization as ordered or recommended by a qualified physician. This may include, but is not limited to the administration of anesthetic, emergency surgery or medication, laboratory procedures, medical treatment, x-ray examination, or other hospital services and I assume the responsibility of all related fees and expenses arising therefrom. NHI will attempt to contact the parent/guardian or other emergency contact as shown on the NHI registration form. Consent is hereby granted to the attending physician(s), hospital(s), and or clinics to release necessary medical information to our local doctors for use in claims for insurance coverage.

I accept responsibility for the cost of such treatment and agree to cooperate with the National Hispanic Institute, its employees or officers, its insurance carriers or other related entities to ensure payment for the cost of treatment. _____ **(initial)**

I further agree to provide NHI information about any symptoms of illness, particularly any communicable disease, my child (or if over 18) myself may have prior to and/or during an NHI program experience. NHI may request that my child or (if over 18) I not participate if doing so poses a risk to self or others. If an illness or injury results in hospitalization or inability to travel home at the end of the NHI program, I agree to make necessary arrangements to have a family member or other responsible party travel to NHI's program location to provide assistance. NHI staff will be unable to remain with my child and/or (if over 18) me after the program ends.

I hereby release the National Hispanic Institute, its officers, agents, instructors, employees and volunteers for any and all illness, injury or accident incurred or suffered by said child (or if over 18) me while traveling to, attendance at, or participation in the program from the time of departure from home until return.

Signature of Parent/Guardian/Adult

Printed Name of Parent/Guardian/Adult

Date

PART B

ACKNOWLEDGE OF FINANCIAL POLICY

I certify that I have read the **2023-2024 Parent Release & Financial Policy Agreement** and agree to the terms of the policy. This same policy includes *Celebración* 2024, should my student or (if over 18) I be eligible to attend. **Furthermore:**

- a. If it is not possible to offer an in-person program due to safety and security constraints or prevailing conditions, I understand that NHI will postpone the program or offer it in an online format. I further understand that to activate a refund, **I must provide a request in writing** to admissions@nhimail.com by the last day of the month in the REFUND POLICY CHART below.
 _____ **(initial)**

REFUND POLICY CHART	OCT, '23	NOV, '23	DEC, '23	JAN, '24	FEB, '24	MAR-AUG, '24
Refundable tuition (after \$25 application fee and \$150 deposit).	90% refundable.	80% refundable.	70% refundable.	60% refundable.	50% refundable.	0% refundable.

- b. I understand that all qualified refunds may be issued by NHI by August 31, 2024, irrespective of the date it is requested, and NHI is not required to refund families earlier than this date. _____ **(initial)**
- c. I understand that if I voluntarily withdraw from an in-person program, I am *not eligible* for a refund after February 28, 2024, as per the chart above. I further understand that if my personal family circumstances do not allow me to attend, I may not request a refund. _____ **(initial)**
- d. I understand that there are uncertainties about the status of communicable diseases in 2024 that may cause NHI to implement requirements or policies to ensure the safety of all students, staff, and volunteers at in-person programs. These may include pre-program testing, immunizations, masking, physical distancing, or other safety measures. NHI reserves the right to charge a nominal fee to support health and safety. _____ **(initial)**
- e. I acknowledge that NHI cannot be held responsible for any incidental costs incurred in anticipation of attendance at the program, including non-refundable airline fares or ticket cancellation fees, if the program is canceled or postponed. _____ **(initial)**

PART C

INFECTIOUS DISEASE SAFETY ACKNOWLEDGEMENT AND INDEMNIFICATION, LIABILITY WAIVER, AND RELEASE OF CLAIMS

Health Safety Information

The health and safety of National Hispanic Institute (NHI) members is of utmost importance. While attending, participating or volunteering for any NHI program or event/activity, NHI reserves the right to require non-pharmacological intervention measures to reduce the risk of contagion of infectious diseases. While NHI can strive to prevent transmission, it cannot guarantee that its participants, volunteers, partners, or others in attendance at an Event/Activity will not become infected during a program.

By signing this document, the undersigned, as an “attendee, “participant” or “volunteer,” certifies:

CERTIFICATION OF PARTICIPANT'S HEALTH AND INFECTIOUS DISEASE RELATED CIRCUMSTANCES

NHI reserves the right to require proof of vaccinations or medical exemptions to assess risks and possible actions needed to care for cohorts of students who are away from home. In light of the nature of COVID-19 variants, Mpox, or other known severe or highly contagious diseases, individuals who cannot certify that each of the following statements are true and correct as to their health-related circumstances are not eligible to participate in, volunteer for, or attend this Event or Activity.

___ a. I understand that NHI holds its programs on university campuses, and that it must adhere to their visitor/guest policies as it relates to health and safety.

___ b. I understand that I may be required to provide proof of vaccination (or religious/medical exemptions) against communicable diseases required by the U.S. Centers for Disease Control and Prevention or by NHI's host university policies.

___ c. If novel or recurring highly infectious diseases are cited by the U.S. Center for Disease Control and Prevention as a known threat leading up to the program, NHI reserves the right to require all available non-pharmacological measures, including testing where appropriate, to reduce contagion.

___ d. I understand that tests for highly contagious diseases may be administered during events. I consent to the sharing of the results of any infectious disease test which is administered to me with those NHI personnel and volunteers as are necessary to ensure the safety of myself and other participants and that NHI's policies concerning infectious diseases are followed.

___ e. If I am confirmed or assumed positive for COVID-19, Mpox, or any other communicable disease requiring isolation or quarantine as recommended by the U.S. Centers for Disease Control and Prevention, I will provide NHI with a notification and withdraw from the program. I may transfer to a future program of equal or lesser value during the same summer, or transfer to the following summer, without charge. However, I may not request a refund or transfer my funds to another participant.

___ f. I agree to advise NHI if I have symptoms which may impact my ability to travel or participate in an in-person program as recommended by the U.S. Centers for Disease Control and Prevention.

___ g. I will adhere to all shelter-in-place, physical distancing, stay-at-home, and isolation or quarantine provisions applicable to the jurisdiction in which I live for the CDC-recommended number of days prior to the Event and/or Activity.

ASSUMPTION OF THE RISK.

I acknowledge and understand the following:

1. I derive personal satisfaction and a benefit by virtue of my participation, support and/or volunteerism with NHI, and I willingly engage in the Event and/or Activity.
2. My participation in an Event and/or Activity includes possible exposure to certain health risks and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
3. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties (as defined herein).
4. I hereby knowingly assume the health risks and risk of injury, harm and loss associated with the Event and/or Activity, including but not limited to transient dizziness, lightheaded, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heart attack, stroke, or sudden death, even if arising from the negligence or fault of the Released Parties.
5. If I experience any of these or any other symptoms during the Event and/or Activity, I will discontinue my participation immediately and seek appropriate medical attention.

MEDICAL ACKNOWLEDGMENT AND RELEASE OF TREATMENT CLAIMS

I DO HEREBY RELEASE AND FOREVER DISCHARGE THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH MY PARTICIPATION IN THE EVENT.

LIABILITY WAIVER AND RELEASE OF CLAIMS

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE, TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, NHI, AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE “RELEASED PARTIES”), FROM ANY AND ALL CLAIM, LOSS, LIABILITY, INJURY, DAMAGE OR COST OF WHATEVER KIND OR NATURE, ARISING EITHER IN LAW OR IN EQUITY, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY ATTENDANCE AT, PARTICIPATION IN, OR VOLUNTEERING SUPPORT OF, THE EVENT AND/OR ACTIVITY (EVEN IF ARISING OR RESULTING FROM OR CAUSED BY THE NEGLIGENCE, GROSS NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES), WHICH I, MY HEIRS, BENEFICIARIES, ASSIGNEES, NEXT OF KIN AND/OR DESIGNATED OR LEGALLY APPOINTED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY BEHALF.

PART D

ACKNOWLEDGEMENT OF PARENT RELEASE POLICIES 1-18

I acknowledge the “2023-2024 NHI Parent Release, Financial Policy, Medical Authorization, and Safety Acknowledgement and Indemnification Universal Policies,” Numbers 1 – 18. _____ (initial)

PART E

Authorizing Signature

I, as the authorized parent/guardian or (if over 18) self, certify that the information contained in the **2023-2024 NHI Parent Release, Financial Policy, Medical Authorization, and Safety Acknowledgement and Indemnification Universal Form** is true and correct. I understand and agree to the stipulations of the policies as stated in this release. I understand this is a fully supervised program of the National Hispanic Institute and that the program tuition DOES NOT include transportation to and from the program site and provision of devices for online access that might be needed in the event of a program interruption.

Full Name of Student or Volunteer _____

Signature of Parent/Guardian/Over 18 (Self) _____

Date (mm/dd/year) _____

Name of Parent/Guardian/Over 18 (Self) _____