

LAKES INTERNATIONAL LANGUAGE ACADEMY An IB World School

SCRIP PROGRAM AGREEMENT

Lakes International Language Academy (referred to as "our" & "the school") sponsors a scrip program which allows you to purchase scrip. The scrip you purchase through our program generates rebates from participating retailers. These rebates are used as a credit to a specific family's international travel account and a gift to the school. The parties agree as follows:

| 1. Rebates earned will be used in the following ways: |
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| a% as a charitable contribution to the school (deductible; must be at least 50%) |
| b% as travel credit for the following school family: |
| c% as travel credit for the following school family: |
| d% as travel credit for the following school family: |
| Total: 100% |
| With respect to your charitable contributions, the school will issue a donation receipt once/year. |
| You agree to indemnify the school against <i>any loss incurred in connection with there being insufficient funds in your account</i> to cover checks or ACH transfers you issue to pay for your scrip, including the Great Lakes Scrip Center's insufficient funds fee (\$30, subject to change) and the cost of the scrip cards. You understand that you will be removed from the school's scrip program if a loss due to insufficient funds occurs and repayment is not made within 30 days. Your scrip account will be put on hold (no ordering allowed) until such repayment is made. |
| The school makes no representations or warranties of any kind with respect to the scrip. This agreement continues unless replaced by another, and can be terminated by either party upon 30 days' advance notice to the other. Any family account balance becomes a donation to the school when the family no longer has a student enrolled at the school. |
| Please sign and date below to indicate your acknowledgement of this agreement. |
| Purchaser's Signature: |
| Printed Name: Date: |
| Printed Name: Date: (referred to herein as "you" and "your") |
| Complete Mailing Address: |
| School Representative's name & title (print): |
| Signature: Date: |
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