

**Division of Public Services
Department of Continuing Education**

SCOPE 2008 Registration

Registrations cannot be accepted without signed waiver/liability form. (see reverse)

Student Name _____ Birth year _____ SS# (last four digits) _____

School Attended _____ Grade _____ County _____

Parent /Guardian Name _____ SS# (last four digits) _____

Address _____
and Street City State Zip

Phone Numbers _____
Home Work Cell/Other

Email address _____ Please check here if you do NOT want to receive announcements via email about future children's programs

Emergency Contact (other than parent) _____
Name/Relationship Phone

Sessions:	Course(s) Requested	Fee	Course # (Office Use Only)
1: February 9 - 23			
2: March 1 - 15			
Late Fee of \$10 (after 1/29 - session 1) or (after 2/19 - session 2)			
Total Fees Enclosed			

Telephone registrations will reserve a space in a course for five days. If payment and signed form are not received within five days, the student's space in the class will be relinquished. After January 29 (Session 1) or February 19 (Session 2), a \$10 late fee per class will be charged, and registrations will be taken with payment and signed form only. Students should register as soon as possible as course enrollments are limited. Written confirmation of course registration will be mailed by February 4 and February 25. No refunds or transfers will be made after February 4 or February 25, 2008. A course may be cancelled if there is not sufficient enrollment.



P Check made payable to Valdosta State University—SCOPE
A Credit Card MasterCard Visa Discover
Y
M Card # _____ Exp. Date _____
E
N Signature _____ Security Code _____
T

Return form and payment to:
 Continuing Education—SCOPE
 Valdosta State University, Valdosta, GA 31698-0435
 Telephone (229) 245-6484; Fax (229) 333-5397

Please complete and sign BOTH sections.

RELEASE AND WAIVER OF LIABILITY (Read Carefully Before Signing)

The undersigned hereby acknowledges that participation in SCOPE courses involves an inherent risk of physical injury and by the execution of this release hereby assumes all such risks. The undersigned further agrees that for the sole consideration of Valdosta State University, allowing the named child to participate in SCOPE courses for which the University has made available equipment, facilities, grounds and personnel for such courses to the named child participating in SCOPE, the undersigned hereby releases and forever discharges Valdosta State University and the Board of Regents of the University System of Georgia, its members officially and individually, and its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damages to property, and the consequences thereof, resulting from the named child's participation in or in any way connected with SCOPE courses.

I understand that the acceptance of this release and waiver of liability by the Board of Regents of the University System of Georgia shall not constitute nor be construed as a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents and employees.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS RELEASE BEFORE SIGNING SAME ON THIS _____ DAY OF _____, 2008

Signature of Parent/Guardian

Full Name of Participating Student

USE of PHOTOGRAPHS AGREEMENT and RELEASE

For sole consideration of being permitted to participate in the School-College Outreach Program of Enrichment ("SCOPE") I, the undersigned, agree to provide Valdosta State University with the absolute right and unrestricted permission to copyright and/or use, and/or publish photographs/pictures of my child or children, still, single, multiple or moving, in whole or in part made in conjunction with my child's or children's activities associated with SCOPE.

I waive any right that I may have to inspect and approve the photographs/pictures. I further agree and understand that the photographs/pictures may be reproduced in publications of Valdosta State University as well as publications associated with Valdosta State University's SCOPE program. It is agreed and understood that the photographs/pictures will be utilized with the intent to advertise the existence and activities of the SCOPE program.

I hereby release and forever discharge Valdosta State University, the Board of Regents of the University System of Georgia, their members individually and their officers, agents, and employees from any and all claims, demands, rights and causes of actions of whatever kind that its officers, trustees, agents and employees (current and former) from and against any and all claims, demands, and actions or causes of action, claims for attorney's fees whatever kind or nature which might be asserted against them, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representative (s), dependents, or otherwise, arising from the use of photographs/pictures of my child or children in connection with his/her/their activities at Valdosta State University.

I affirm that the only consideration for signing this Agreement are the above stated terms, that no other promise or agreement of any kind has been made to or with me by any persons or entity whomsoever to cause me to execute this Agreement, and that I fully understand the meaning and intent of this Agreement, including, but not limited to it's final and binding effect.

I further state that I have read carefully this "Use of Photographs Agreement and Release"; know and understand its contents;

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have fully informed myself of the contents of the foregoing Use of Photographs Agreement and Release by reading it before I signed it, and that I understand it and that I sign this document freely and voluntarily, no oral representation, statements or inducements, apart from the foregoing written agreement, have been made. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; and I am the parent of the child listed below and that I execute this Release for full, adequate consideration fully intending to be bound by the same.

Student's Name

Date of Birth

Parent/Guardian's Signature

Date