



Savannah Engineering Academy Application

Monday, June 5 – Friday, June 9, 2017
Application Deadline – Monday, May 8, 2017

To participate, you must be a rising junior or senior in high school in summer 2017. Incomplete applications may not be considered. Application information will be kept confidential.

Required Application Materials:

- Application signed by parent/guardian and guidance counselor
- Transcript (showing grades of 80% or better in all math/engineering/technology/science classes)
- Teacher Recommendation Form (to be submitted directly by teacher)
- Liability waiver

Submit Application to:

applications@savannahengineeringacademy.net

- OR -

Savannah Engineering Academy, Inc.
P.O. Box 15072, Savannah, GA 31416

Student Information

Student Name: _____

Address: _____

City, State _____ Zip _____

E-mail Address: _____

Cell Phone: _____

Nickname if Preferred _____

____ Check here if you are a U.S. Citizen
If not, please list country of origin and additional documentation may be required.

Birth Date: _____

Gender: M F

Mark your T-Shirt Size (Adult Sizes):

___S ___ M ___L ___XL ___XXL

Vegetarian meal preferred: ___YES ___NO

Parent/Guardian Information

Name(s): _____

Cell Phone: _____

Work Phone: _____

E-mail address: _____

E-mail address(es) should be active and regularly checked.

Emergency Contact Information

This is the person(s) to be contacted in case of emergency during the week of the Academy (June 6-10, 2016).

Name(s): _____

Cell Phone: _____

Work Phone: _____

E-mail address: _____

Note: There is no application fee for the Savannah Engineering Academy. Once accepted, a \$60 registration fee is required to hold a place in the program.

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Student Name: _____

Academic Information

School: _____

County: _____

Guidance Counselor _____ Phone _____

E-mail Address _____

Expected Date of Graduation _____

Please list your math, science, technology and engineering courses for the current academic year.

| Course Name | Course Grade (if completed) |
|-------------|-----------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please list the math, science, technology and engineering courses you plan to take next year.

| Course Name |
|-------------|
| _____ |
| _____ |
| _____ |
| _____ |

To Be Completed by Guidance Counselor:

Combined **Math/Science** Grade Point Average (GPA) _____ Points on a _____ point scale.

Guidance Counselor Initials: _____

Signatures

The information above is accurate to the best of my knowledge.

Applicant Name: _____ Signature: _____

Parent Name: _____ Signature: _____

Guidance Counselor Name: _____ Signature: _____



**RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE,
ASSUMPTION OF RISK AND INDEMNIFICATION**

I, _____, in consideration of my Child's participation in the **Savannah Engineering Academy** from **June 5th, 2015 to June 9th, 2017** organized by **Savannah Engineering Academy, Inc.** do hereby agree as follows:

Child's Full Name: _____

Please read carefully. This is a release and waiver of important legal rights. Although reasonable precautions are taken to provide proper organization, instruction, and equipment for your Child's participation in the Savannah Engineering Academy, there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any program involving physical exertion and risk taking (individually, an "Activity" and collectively, the "Activities") and the use of any equipment in connection with the Activities. I, on behalf of myself and my Child, understand that my Child may be involved in Activities, including but not limited to, using hand tools, using power tools, cutting, lifting, team-building initiatives, visiting construction sites and/or manufacturing plants, and/or other physical undertakings. I acknowledge that participation by my Child in any Activities is voluntary and that my Child may decline to participate in any Activities.

ACKNOWLEDGMENT OF RISKS: I recognize that there is inherent danger in any Activities that involve physical exertion or risk taking; that although the program may not be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each Activity can contribute to the unpredictability of the Activity; and that balance, physical coordination, and conditioning may affect the occurrence of accidents, falls, and injuries.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the Activities in which my Child will be engaged, both seen and unforeseen, I confirm that my Child is capable of participating in the Activities and/or using equipment in connection therewith. I assume full responsibility for personal injury, accidents or illnesses, including death to my Child. I also assume responsibility for loss of or damage to my Child's personal property. On behalf of myself and my Child, I assume the risk(s) of personal injury, accidents, and/or illnesses of all kinds and nature, including, but not limited to, cuts, wounds, scrapes, abrasions, and/or contusions, sprains, and/or death.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury to my Child while participating in the Activities. I have appropriate insurance or, in its absence, I agree to pay all costs of medical services and medical transport as may be incurred on behalf of my Child.

RELEASE, HOLD HARMLESS AND COVENANT NOT TO SUE: In consideration of my Child's participation in the Activities, I do hereby for myself, my Child and our respective administrators, executors, heirs, spouse, dependents, successors and assigns, knowingly and intentionally release, forever discharge and covenant not to sue Savannah Engineering Academy, Inc. and its trustees, officers, agents, employees and volunteers (collectively, "Savannah Engineering Academy") from and against any claims, demands, expenses, actions and causes of action of every name, type and nature. I or we now have or may ever have arising out of my Child's participation in the Activities on the above dates and on any subsequent dates during which he or she participates in the Activities.



PHOTO RELEASE: I hereby authorize and give the Savannah Engineering Academy permission to take, use, publish and reproduce photographs, videos, and other images of my Child for the Savannah Engineering Academy records, website, brochures, group photos, or other media.

ACKNOWLEDGEMENT: In signing this Agreement, I acknowledge and represent that I have fully reviewed it and understand what it means, and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further agree that this Agreement shall be construed in accordance with the laws of the state of Georgia. If any of its terms or provisions shall be held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby to the fullest extent permitted by law. I further state that I agree that I, my child and our respective estates, heirs, administrators, personal representatives, and assigns shall be bound by the same.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

ARMSTRONG STATE UNIVERSITY

RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, ASSUMPTION OF RISK AND INDEMNIFICATION

I, _____, of _____, in consideration of my Child's participation in the Summer Camps at Armstrong State University during the summer of 2016, do hereby agree as follows:

Child's Name: _____ Sessions/dates: _____

Please read carefully. This is a release and waiver of important legal rights. Although reasonable precautions are taken to provide proper organization, instruction, and equipment for your Child's participation in the Summer Camps at Armstrong State University, there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any sport or program involving physical exertion and risk taking (individually, an "Activity" and collectively, the "Activities") and the use of any equipment in connection with the Activities. I, on behalf of myself and my Child, understand that my Child may be involved in Activities, including but not limited to, arts and crafts, baseball, basketball, soccer, swimming, team-building initiatives, tennis, games and/or other physical undertakings. I acknowledge that participation by my Child in any Activities is voluntary and that my Child may decline to participate in any Activities.

ACKNOWLEDGMENT OF RISKS: I recognize that there is inherent danger in any Activities that involve physical exertion or risk taking; that although the program may not be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each Activity can contribute to the unpredictability of the Activity; and that balance, physical coordination, and conditioning may affect the occurrence of accidents, falls, and injuries.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the Activities in which my Child will be engaged, both seen and unforeseen, I confirm that my Child is capable of participating in the Activities and/or using equipment in connection therewith. I assume full responsibility for personal injury, accidents or illnesses, including death to my Child, except to the extent caused by the negligence of Armstrong State University or anyone for whom it is legally responsible. I also assume responsibility for loss of or damage to my Child's personal property. On behalf of myself and my Child, I assume the risk(s) of personal injury, accidents, and/or illnesses of all kinds and nature, including, but not limited to, cuts, wounds, scrapes, abrasions, and/or contusions, sprains, and/or death.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury to my Child while participating in the Activities. I have appropriate insurance or, in its absence, I agree to pay all costs of medical services and medical transport as may be incurred on behalf of my Child.

RELEASE, HOLD HARMLESS AND COVENANT NOT TO SUE: In consideration of my Child's participation in the Activities, I do hereby for myself, my Child and our respective administrators, executors, heirs, spouse, dependents, successors and assigns, knowingly and intentionally release, forever discharge and covenant not to sue Armstrong State University and its trustees, officers, agents, employees and volunteers (collectively, "University") from and against any claims, demands, expenses, actions and causes of action of every name, type and nature. I or we now have or may ever have arising out of my Child's participation in the Activities on the above dates and on any subsequent dates during which he or she participates in the Activities.

AUTHORIZATION: I hereby authorize and give the Summer Camps at Armstrong State University permission to take, use, publish and reproduce photographs, videos, and other images of my Child for the Summer Camps at Armstrong State University records, website, brochures, group photos, or other media.

ACKNOWLEDGEMENT: In signing this Agreement, I acknowledge and represent that I have fully reviewed it and understand what it means, and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further agree that this Agreement shall be construed in accordance with the laws of the state of Georgia. If any of its terms or provisions shall be held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby to the fullest extent permitted by law. I further state that I agree that I, my child and our respective estates, heirs, administrators, personal representatives, and assigns shall be bound by the same.

Parent/guardian signature _____

Parent/guardian printed name _____

Date _____