



Dr. John D. Barge, State School Superintendent
"Making Education Work for All Georgians"

**Georgia Department of Education
The Governor's Honors Program**

**2013 GOVERNOR'S HONORS PROGRAM
LEGAL AGREEMENT**

I have read the Governor's Honors Program (GHP) Student Handbook and related information, and consent for the below-named student to participate in the 2013 GHP under these guidelines. As the parent or guardian of this student, I understand that the program is a four-week residential program and that my child is expected to remain in the program for the entire period (June 23-July 20, 2013) without interruption. He/she will arrive on the opening day no later than 2:00 PM and will leave no earlier than 11:00 AM on the closing day of the program.

I hereby indemnify and hold harmless the Governor's Honors Program, the Georgia Department of Education, the State Board of Education, the State of Georgia, and its employees, officers, directors, agents, assigns, or successors of said parties (hereinafter collectively referred to as "GDOE") from all rights, claims, and actions for injuries sustained to the above-named student's person or property while participating in the Governor's Honors Program. Should it become necessary for GDOE, or someone acting on behalf of GDOE, to incur attorney fees and costs to enforce this agreement, or any portion thereof, I agree to indemnify and hold GDOE harmless for such costs and attorney fees. This release shall be governed by the laws of the State of Georgia.

I hereby confer on the employees of the GDOE the absolute and irrevocable right and permission with respect to the photographs and/or video recordings that may be taken of my minor child in which he/she may be included with others to copyright the same under either GDOE, or any other name that they may select; to use, re-use, publish and re-publish the same in whole or in part, separately or in conjunction with other photographs, in any medium, and for any purpose whatsoever in connection with the GDOE, including (but not by way of limitation) illustration, promotion, advertising and trade, and; to use my name or my child's name in connection therewith if they so decide. I hereby release and discharge employees of GDOE from all and any claims and demands ensuing from or in connection with the use of the photographs/videos, including any and all claims for libel and invasion of privacy, insofar as the photographs/videos are used in connection with the GDOE. This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of GDOE as well as the person(s) for whom employees of GDOE made the video recordings or took the photographs. I give permission for the GDOE to release my child's name and school of attendance to the media.

I hereby authorize the personnel of Valdosta State University Health Services to examine, administer medication, and provide other treatment as necessary to my child while attending the Governor's Honors Program at Valdosta State University. This authorization shall apply to physicians to whom my child may be referred for consultation, if necessary, for services not available at VSU Student Health. I have read the foregoing and fully understand the contents hereof. I represent that I am the parent/guardian of the above-named student; I hereby consent to the foregoing on my behalf, and on his/her behalf.

All of the information I have submitted to the Department of Education is true and correct to the best of my knowledge.

Date
(MM/DD/YY)

Signature of Parent or Legal Guardian
(REQUIRED)

Notary (REQUIRED)

I, _____, have read the Governor's Honors Program (GHP) Student Handbook and related information, and accept the invitation to participate in the 2013 GHP under the guidelines in these materials. I understand that the program will be a four-week residential program and that I am expected to remain in the program for the entire period (June 23 – July 20, 2013) without interruption. I will arrive on the opening day no later than 2:00 PM and will leave no earlier than 11:00 AM on the closing day of the program. I give permission for the GDOE to release my name and school of attendance to the media.

Date
(MM/DD/YY)

Signature of Student (REQUIRED)