



Parents/Guardians: Complete and submit with Registration Packet.

Date of Birth: _____
Month/Day/Year

By signing this Agreement, I acknowledge and understand that participation in Governor's School and related activities involves the risk of exposure to communicable diseases, including COVID-19, as well as personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and standards of conduct.

I understand that the risk of exposure to disease or potential physical injury while on Governor's School campuses may result from the actions, omissions, or negligence of myself and others, including, but not limited to, NCDPI employees, agents and representatives, volunteers, program participants and their families and/or any other individual who may be present upon school property or in attendance at any school activity.

On behalf of myself, my child(ren), and my spouse/co-parent of our child(ren), I voluntarily assume these risks and accept sole responsibility for any related illness or injury to my child(ren), myself and any member of my family, as well as any damage, loss, claim, liability, or expense, of any kind, that I, my child(ren) and/or members of my family may experience or incur in connection with my child(ren)'s attendance in activities or participation in Governor's School programming ("Claims"). I will advance no Claim and I hereby release, covenant not to sue, discharge, defend, indemnify and hold harmless the NCDPI, its employees, agents, and representatives, and those of the host institutions (Meredith College or Winston-Salem State University), of and from any Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of NCDPI, its employees, agents, and representatives, and those of the host institution.

A legal parent's/guardian's completion and submission of this Agreement and other registration forms are required for student attendance at the 2023 North Carolina Governor's School. Additionally, it should be noted that the laws of the State of North Carolina provide for numerous immunities for schools should something occur to a student or to the family of a student because of activities on school property. In addition to this Agreement, these immunities remain intact.

In addition to signing at the bottom of this document acknowledging your understanding and agreement to the above, please read and initial the following statements to acknowledge your understanding and agreement with those statements.

In the event of an accident or illness, students may need to leave campus to seek medical attention. For these medical needs, Governor's School will transport students in a secured rental vehicle

_____ *I certify that I have read and understand this information, and I give Governor's School personnel permission to transport my child off campus in a leased vehicle in the case of a medical need.*

Based on CDC Guidance, the Governor's School Mitigation Plan for COVID 19 states that students will be tested, using a rapid antigen test, based on the appearance of COVID-19 symptoms. If a student tests positive, they will need to be picked up for their isolation period. A student may return to campus after their isolation period of five days if the student is fever-free for 24 hours (without the use of fever-reducing medication). Students who tested positive will wear a mask when they return to campus until they have been 10 days from the positive result. At any point, students are welcome to wear a mask if they choose.

_____ *I certify that I have read and understand the Governor's School COVID-19 Mitigation Plan in the Student Handbook, and I give Governor's School personnel permission to administer a COVID-19 rapid test to my child as described above and understand I may need to pick up my child if there is a positive test result.*

North Carolina Governor's School requires parents or guardians to assume responsibility for any damages to Governor's School or the host campus, Meredith College or Winston-Salem State University for which the student might be held accountable.

_____ *I certify that I have read and understand this information, and I will be responsible for any damages to Governor's School or the host campus, Meredith College or Winston-Salem State University for which my child is responsible.*

I give permission to the Governor's School to use, for nonprofit educational and promotional purposes, any photographs and audio and/or video recordings of myself or my child during participation in the Governor's School.

_____ *I certify that I have read and understand this information, and by initialing here and signing below, I am expressly releasing Governor's School, its agents, employees, licensees, and assigns from any and all claims which I may have for right of publicity, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast, or exhibition of such materials.*

Student Signature: _____

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Today's Date: _____