

SUPER SATURDAYS REGISTRATION FORM — SPRING 2011

Student's Name _____ Birth Date ____ / ____ / ____ Home Phone _____

Age ____ Gender ____ (M/F) Family email _____

May we contact you by email? Yes No

Address _____ City _____ State ____ Zip _____

Parents' Names _____ Father's Work # _____ Mother's Work # _____

Former participant? _____ School Attending _____ Grade _____

How did you learn about this class? direct mail school advertising (TV/Radio) Other _____

CLASS CHOICE(S): Please list two classes in the event your first class choice is not available.

1. SPANISH IN ACTION 9-11 AM

Class Time/Fee

2. _____

Class Time/Fee

Total amount enclosed \$ _____. Make checks payable to Texas Tech University, or charge the fee to VISA, MasterCard, American Express or Discover.

VISA MasterCard Am Ex Discover Card # _____ Exp. Date _____

Security Code _____ This is a three digit code on the back of your card.

Name of Cardholder _____ Signature _____

RELEASE & HOLD HARMLESS

_____, Parent/Managing Conservator/Guardian, (circle one) understand that the minor child, _____ has the opportunity to participate in *Super Saturdays*, a program for students sponsored by Texas Tech University, Institute for the Development and Enrichment of Advanced Learners, Lubbock Texas from **February 12 - March 5, 2011**. I hereby affirm that I desire to have my minor child participate in said program. I give my permission for my minor child to ride in public transportation or in vehicles driven by Texas Tech employees or representatives to and from designated activities. I, the undersigned, am aware of the dangers associated with travel by motor vehicle or other conveyance and the possibility of injuries or death while in transit. I understand that my minor child will participate in general classroom, educational, and camp activities during this program. I am aware of the dangers associated with such activities and the possibility of injuries or even death in such participation. In consideration of allowing my minor child to attend the above mentioned activities, I, the undersigned, do hereby release, indemnify, and hold harmless Texas Tech University, its Board of Regents, all the University's officers, agents, and employees, and the Institute for the Development and Enrichment of Advanced Learners from any and all liability due to injuries, damage or death arising or resulting from any act or omission, express negligence or otherwise, of said Texas Tech University officers, advisors, agents, and employees and other officers or members of the Institute for the Development and Enrichment of Advanced Learners, or any other person or participant in said activities while attending the activities or while in transit to and from activities.

The terms hereof shall also serve as a release and an assumption of risk for my minor child's heirs, executor and administrator, and for all members of my child's family and be pleaded as a bar to litigation.

Jurisdiction of this matter and venue shall lie in Lubbock, Lubbock County, Texas. I, the undersigned, on behalf of my minor child agree to indemnify and

hold Texas Tech University, its Board of Regents, and all the University's officers, agents and employees harmless from and against any and all personal injury. I am above the age of eighteen (18) years and read this Release and Hold Harmless Agreement and voluntarily understand and accept its terms.

Signature of Parent, Managing Conservator, or Guardian _____ Date _____

Print or type name of Parent, Managing Conservator, or Guardian _____

MEDIA COVERAGE/PARTICIPATION

I hereby give permission for the name of the minor listed above to be released to the media or for him/her to participate in any media coverage which might transpire during the course of the program. I authorize the use of the minor's name, biography, likeness, voice and performance in the production of the program(s) and for the purpose of publicizing and promoting the program(s). I represent that I am a parent (guardian) of the minor whose name is listed above and I hereby agree to have my child participate in media coverage.

MY CHILD MAY PARTICIPATE IN MEDIA COVERAGE.

Signature of Parent, Managing Conservator, or Guardian _____ Date _____

MY CHILD MAY NOT PARTICIPATE IN MEDIA COVERAGE, and I do not wish his/her name released to the news media.

Signature of Parent, Managing Conservator, or Guardian _____ Date _____

Return to: IDEAL, Texas Tech University, Box 41008, Lubbock, TX 79409-1008 or bring your registration form and payment to the Administration Building, Room 303. Phone: (806) 742-2420, Fax: (806) 742-0480, For more information call at (806) 742-2420 or visit our website at www.ideal.ttu.edu

Persons with disabilities who may need auxiliary aids or services are requested to call (806) 742-2420 at least five days in advance of participation so that appropriate arrangements can be made.