

# GOVERNMENT CAMP

Grades: 9<sup>th</sup> -12<sup>th</sup> grades

Camp Location: Regent University Campus Camp Dates: July 16-20, 2012 Times: M-F 8:00 am - 5:00 pm

Enrollment: 35

Deadlines: EARLY REGISTRATION DEADLINE: On or before May 31, 2012 COST: \$300

(\$100 due at time of registration. Remaining balance due no later than final registration deadline of June 15, 2012. The same amount (\$100) is due for sibling rates as well.)

SIBLING RATE: 15% off the total combined cost of two or more family members of the same household  
Example: for 2 family members = \$510; for 3 family members = \$765

REGISTRATION AFTER May 31, 2012

COST: \$350

(\$100 due at time of registration. Remaining balance due no later than final registration deadline of June 15, 2012. The same amount (\$100) is due for sibling rates as well)

SIBLING RATE: 15% off the total combined cost of two or more family members of the same household  
Example: for 2 family members = \$595; for 3 family members = \$894

Discounts\* **Regent University / CBN**: \$50 off full price (if registering before May 31, 2012 - \$250 total price per child; if after May 31, 2012 - \$300 total price per child); **HSLDA, CHROME, Oaktree Academy, HEAV**: 20% discount if registered before May 31, 2012 (\$300 - \$60 off the camp cost = \$240) and 15% discount if registered after May 31, 2012 (\$350 - \$52.50 off the camp cost = \$297.50).

Sibling discounts cannot be given to families that receive any of these discounted rates.

**FINAL REGISTRATION DEADLINE: June 15, 2012**

**Payment Methods:** Pay by check: Make checks payable to *Regent University* or Pay by credit card.

**How to enroll:**

- 1) Fill out and sign Registration and Waiver Forms [one pair for each sibling] and mail to the address below.
- 2) Make payment. If paying by check, send check along with forms to the address below. If paying by credit card, pay via our online payment site and send forms to address below.

If paying by check, mail check along *with* forms.

**Mail forms and payment (if check) to:**

Tim Morse, Special Projects Manager  
Office of the Dean, School of Undergraduate Studies  
Regent University, RH 460  
1000 Regent University Drive  
Virginia Beach, VA 23464

**Contact Information:** 757.352.4902 or [govcamp@regent.edu](mailto:govcamp@regent.edu)

# GOVERNMENT CAMP

## Registration Form

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (as of Fall 2012): \_\_\_\_\_

Gender: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Name and Phone: \_\_\_\_\_

Allergies and/or any Special Dietary Needs or Concerns \_\_\_\_\_

Adult T-Shirt Size (XL, L, M, S, 14-16) \_\_\_\_\_ Payment Type: CC \_\_\_\_\_ Check \_\_\_\_\_

If you belong to any of the following, please check appropriate box:

REGENT UNIVERSITY/CBN       HSLDA       CHROME       Oaktree Academy       HEAV

*\*If Registering under Sibling Rate, please include a separate registration form and waiver form for each student*

## Enrollment and Cost Information

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\*All enrollment is subject to availability and filled on a first-come, first-paid basis



## Release Form

### Authorization to Reproduce Physical Likeness

**Project: Government Camp - July 16-20, 2012**

I hereby expressly grant Regent University the right to photograph me and use such photos for promoting the University and its programs for the purposes of recruiting, development and public relations.

I understand that my likeness may be used in printed materials such as brochures, prospectuses, advertisements, flyers, etc. It also may be used on television, in a video or on the University website.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_  
(parent or guardian must sign for minors)

Phone numbers: home: \_\_\_\_\_ cell: \_\_\_\_\_

E/mail address: \_\_\_\_\_

Date of Photo: **Government Camp** July 16-20, 2012

# Regent University

## ASSUMPTION OF RISK AND RELEASE AND INDEMNIFICATION AGREEMENT

Regent University offers guests, local grade students (collectively the "Participants") the opportunity to participate in the 2012 Summer Government Camp. I understand that Regent University does not and cannot ensure that the Participants' participation in such programs is free from risk. I wish to participate in the Regent University program described below (the "Program"), and I understand the nature for the Program and the potential risks involved, including risks of personal injury and property damage or loss. I assume sole and full responsibility for my safety during participation in the Program.

PROGRAM DESCRIPTION AND TERM: Regent University Government Camp Presentations and Field-Trips: July 16-20, 2012 Regent University VA Beach Campus, Hampton Roads Locations and North Carolina Weekday classes: 8:00 am—5:30 pm

In consideration of participation in the Program, I agree as follows:

- 1 I will comply with all directions of Regent University Government Camp staff including instructors, and administrators as well as Regent University Faculty and Staff before, during, or after participation in the Program.
- 2 Regent University cannot be held responsible for the personal actions of any Participant, including myself, which may result in injury, loss of or damage to personal effects, or for any illness and/or accident to any Program participant.
- 3 Regent University Government Camp Employees, Administrators and Regent University Employees and Staff act only in the capacity of Program planner for the participants, and I hold them free of responsibility for any loss, injury or damage to persons, property or otherwise resulting, directly or indirectly, from accidents, injuries, or property damage, or from any causes beyond the control of Regent University and their employees.
- 4 Should I sustain any personal injury of any kind or any property damage as a result of participation in the Program, I hereby release, and shall indemnify, defend and hold harmless Regent University and its respective governing boards, faculty members, agents, employees and independent contractors or its assigns from any and all liability, claims, actions, costs, and expenses, including, but not limited to, attorneys fees, that may arise from injury or harm to me, or from damage to my property. I understand that this Agreement covers liability, claim, and actions caused entirely or in part by any act or failure to act by Regent University (or its boards, faculty, employees, agents, independent contractors, including, but not limited to, negligence, mistake, or failure to supervise by Regent University. This Agreement covers all aspects of participation in the Program.
- 5 In the event that Regent University shall be found liable for any personal injuries or property damage, I agree that Regent's sole responsibility shall be to refund to me any fees charged by Regent University for the Program, and I waive all other claims for damages, loss, injury, cost or expense.
- 6 This Release and Waiver shall be construed under the laws of the Commonwealth of Virginia and I agree to submit any claims hereunder or otherwise arising out of the Program to binding arbitration in Virginia Beach, Virginia, under the rules of the American Arbitration Association. Each party shall bear its own expenses in such arbitration.

I have read this entire Agreement. I fully understand it, and I agree to be legally bound by it. No oral representations, statements or inducements have been made with regard to this Agreement or the Program.

\*\*Participant's name (please print): \_\_\_\_\_

\*\*Participant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*ALL PARTICIPANTS MUST PRINT AND SIGN THEIR NAMES. CAMPERS UNDER 18 PLEASE SIGN ABOVE AND CONTINUE TO BOTTOM SECTION.**

-----FOR CHILDREN UNDER THE AGE OF 18-----

I do hereby give my permission and consent for my child(ren) to participate in the Program and agree to be fully bound by the terms and conditions of this Agreement on behalf of myself/ourselves as his/her parent(s)/guardian(s). I/we agree that the provisions of this Agreement, including, but not limited to, the provisions relating to the release, indemnification and holding harmless of Regent University and its agents, employees, boards, faculty, independent contractors and its assigns are applicable to me/us and that I/we are bound thereby. I/we further acknowledge that my child is covered by adequate medical and/or accident insurance. I/we further agree to indemnify and hold Regent University harmless from and against any claims asserted by my/our child. No oral representations, statements or inducements have been made to me/us with regard to this Agreement or the Program.

Parent/guardian name  
(Please print) \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian name  
(Please print ) \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_