### **Release of Liability Agreement**

In consideration for the participation of	_ (hereinafter,
the "Participant"), in the SAT Plus Summer Program (hereinafter, the "Program	n") offered
through World Scholars LLC (hereinafter, the "Organizer"), on the premise loc	ated at 409
Prospect St, New Haven, CT 06511, I, the parent/legal guardian of the Participa	ant,
(hereinafter the "Caretaker") understand that the Organizer does not require n	ıy
child/children/minor or minors under my care to participate in this Program,	but I encourage
my Participant to do so, despite the possible dangers and risks (e.g., loss or dangers)	nage to property
physical injury or illness including, but not limited to, bodily injury, disease, st	rains, fractures,
partial and/or total paralysis, death or other ailments that could cause serious	disability) and
despite this Release.	

The Caretaker therefore agrees, in consideration of and return for the services, facilities, and other assistance provided to me by the Organizer in the Program, to RELEASE the Organizer (and its Board of Trustees, officers, employees, agents, and volunteers) from any and all liability, claims and actions that may arise from injury or harm to the Participant (or the Caretaker), from my death or from the loss or damage to my property in connection with the Participant's (or the Caretaker's) participation in this Program. I understand that this RELEASE covers liability, claims and actions caused entirely or in part by any acts or failures to act of the Organizer (or its Trustees, employees, volunteers, or agents), including but not limited to negligence, mistake, or failure to supervise by the Organizer. Additionally, the Caretaker recognizes that this RELEASE means I am giving up, among other things, rights to sue the Organizer, its Trustees, employees, agents, and volunteers for injuries, damages, or losses the Participant (or the Caretaker) may incur during the Program. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

### **Photo and Written Material Release**

In further consideration for allowing the above-named Participant to attend and participate in the Conference, the undersigned does hereby give the Released Parties permission to capture and/or record the Participant's name, image, likeness, persona, photograph, or voice, in any media and/or technology now known or later developed. Such use of his or her name, image, likeness, persona, photograph, or voice can be used throughout the world for educational, commercial, trade, or any other lawful purpose.

#### ACCEPTED AND AGREED:

Name of Conference Participant:	Birth Date:
Signature of Participant (if 18 or over):	Date:
Street Address:	
Name of Parent/Legal Guardian (print na	me):
Signature of Parent/Legal Guardian:	Date:
Home Phone:	_Work Phone:
Cell Phone:	Email Address:

## **Classroom Behavior and Equipment Policy**

In allowing my child/children or the minor/minors under my care (Hereinafter, the "Participant") to participate in the SAT Plus Program (Hereinafter, the "Program") organized through World Scholars LLC (from August 6th to August 17th, 2017), I am fully aware and accept that the Participant may be subject to immediate dismissal if the Participant displays the following *disruptive* behaviors during the Program. The disruptive behaviors include, but are not limited to the following:

- 1. Constantly arriving after a class has begun;
- 2. Use of tobacco products;

**ACCEPTED AND AGREED:** 

- 3. Disruptively monopolizing discussion;
- 4. Persistent speaking disrespectfully out of turn;
- 5. Distractive talking, including cell phone conversation;
- 6. Audio or video recording of classroom activities or the use of the electronic devices without the permission of the instructor;
- 7. Refusal to comply with reasonable instructor direction;
- 8. Employing insulting language or gesture;
- 9. Verbal, psychological, or physical threats, harassment, and physical violence; and
- 10. Bringing a firearm or weapon of any kind into the classroom.
- 11. Breaking or damaging World Scholars' property, including but not limited to Fitbits, (our full Fitbit policy is available on our website).

Name of Program Participant:		
Signature of Participant (if 18 or over):	Date:	
Name of Parent/Legal Guardian (print name):		
Signature of Parent/Legal Guardian:		Date:

## Appendix A Fashion Institute of Technology

Parental/Guardian's Consent for Child to Participate in Research Project:

# Investigating the Relationship Between Students' Test Anxiety and Standardized Testing

#### INFORMED CONSENT

My name is Maria Hwang. I am an Assistant Professor of Computer Science at the Fashion Institute of Technology (FIT), in the Department of Math and Science. For the College of Liberal Arts, I conduct research on the impact of emerging technologies on student learning. The purpose of the research project described herein is to investigate whether high schools students participating in a SAT prep program can achieve better test taking skills through learning about their heart rates during standardized tests. There is plenty of literature on measuring test anxiety but there is a lack of research on measuring high schools students' heart rate during standardized test taking and utilizing that information to tailor test taking courses and activities to the specific individual for achieving better test taking skills. This study is the first stage of this broader research goal, a data driven personalized test taking approach. Thus, this study aims to establish a detailed correlation between varied heart rates of high school students with different sections and types of questions of the standardized test, the SAT. I am asking your permission for your child to participate in this project. I will also ask your child if s/he agrees to participate in this project. Participation is strictly voluntary and in no way will impact your child's grades or academic standing.

What activities will your child do in the study and how long will the activities last? If your child is in the study, s/he will be asked to participate in three phases of the project. In the first phase, s/he will be asked to fill out a Test and Examination Anxiety Measure (TEAM) survey of 26 items (10 min). Then s/he will be asked to take a practice SAT test (3 hours). Unlike the TEAM survey, the SAT practice test is part of the World Scholars, LLC., SAT+ program agenda. This first phase will occur in the morning of the first day of the SAT+ program.

In the second phase, s/he will participate in the regular World Scholars, LLC., SAT+ program activities. These include small lectures of math, writing, and reading concepts, small tests that are 30 minutes or less at a time, grading tests, and solving problems in groups. This second phase is also part of the SAT+ program agenda.

In the final phase, s/he will take the TEAM survey (10 min) again as well as another but different SAT practice test (3 hours). S/he who will participate in Both Weeks of the SAT+ program (as opposed to either Week1 or Week2 of the SAT+ program) will repeat the three phases twice in total. Throughout these phases participants will wear a Fitbit provided by World Scholars. The research will be conducted at the Yale Divinity School through the World Scholars, LLC., summer SAT+ program your child is attending.

Benefits and Risks: A potential benefit from participating in this study may include providing an opportunity for your child to better understand her/his anxiety levels when taking a standardized test. I believe there are no known risks of this study beyond those of everyday life. It is extremely unlikely, but if for any reason your child becomes uncomfortable or decides to stop participating in the study, all research-activities will be ceased immediately. Please keep in mind that your child may withdraw from the project at anytime. You may also refuse for your child to be audiotaped and s/he will still be allowed to participate, however your child's audio will not be included in this research.

**Confidentiality and Privacy**: Your child's identity will be kept confidential. Your child will be identified by a study-related identification number and all information about your child will be kept in locked cabinets that are only accessible by the research team. No identifying information will be used in the reporting of the research. Other agencies that have legal permission have the right to review research records.

When the team reports the results of this project in written manuscripts, your child's name or any other personal information that might be used to identify your child will be removed. Instead, pseudonyms (fake name) will be used for your child. If you would like a copy of the final research paper, please contact the lead researcher (Dr. Maria Hwang) at the number listed near the end of this consent form.

**Voluntary Participation:** Participation in this research project is voluntary. Your child can choose freely to participate or not to participate. You can choose freely whether or not your child may participate in this project. At any point during this project, you can withdraw your permission, and your child can stop participating without any loss of benefits.

**How will results be used?** The results of the study will be used for educational purposes, both in academic writing and at conferences.

**Questions:** If you have any questions about this project, contact me, Dr. Maria Hwang, by phone (1614-313-3930) or e-mail (maria\_hwang@fitnyc.edu).

Please keep the section above for your records.

If you consent for your child to be in this project, please sign the signature section next page and return it to Maria Hwang.

## **Signature(s) for Consent**:

I give permission for my child to join the research project entitled, "Investigating the Relationship Between Students' Test Anxiety and Standardized Testing." I understand that I must agree for my child to join this study. I understand that my child must agree to join this project too. I understand that my child can change his or her mind about being in the study at any time. I understand that I may change my mind about my child being in the study. I understand that I must tell the researcher of our decision to stop being in this project.

Name of Child (Print):	
None of Demonth Countries (Defent)	
Name of Parent/Guardian (Print):	
Parent/Guardian's Signature:	
<u></u>	
Date:	

## Assent Form for Minors (8-17 years-old)

Ī	(child's name), agree to participate in the	study
	ationship Between Students' Test Anxiety and Standar	
	of the study has been fully explained to me by Dr. Maria H	
	and what is being asked of me, and should I have any questi	_
know that I can contact Dr. Ma	ria Hwang (investigator) at any time. I also understand that	t I can
quit the study at any time as I de	esire.	
Name of Participant:		
Signature of Participant:		
Witness:		
Date:		
Inves	tigator's Verification of Explanation	
•	lly explained the purpose and nature of this researed (participant's name) in age-appropriate language.	
He/She has had the opportunit	y to discuss it with me in detail. I have answered all h	nis/her
questions and he/she provided research.	the affirmative agreement (i.e., assent) to participate in	n this
Investigator's Signature:		
Data:		