

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 (in the periods of either July 22nd-Aug 2nd, or Aug 5th-Aug 16th, 2018), I am fully aware and accept that the Participant may be subject to immediate dismissal with no refund granted 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
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
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)

ACCEPTED AND AGREED:

Name of Program Participant: _____

Signature of Participant: _____ Date: _____

Name of Parent/Legal Guardian (print name): _____

Signature of Parent/Legal Guardian: _____ Date: _____

Release of Liability Agreement

In consideration for the participation of _____ (hereinafter, the "Participant"), in the SAT Plus Program (hereinafter, the "Program") offered through World Scholars LLC (hereinafter, the "Organizer"), on the premise located at 409 Prospect St, New Haven, CT 06511, I, the parent/legal guardian of the Participant, (hereinafter the "Caretaker") understand that the Organizer does not require my 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 damage to property, physical injury or illness including, but not limited to, bodily injury, disease, strains, 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 Program Participant: _____ Birth Date: _____

Signature of Participant (if 18 or over): _____ Date: _____

Street Address: _____

Name of Parent/Legal Guardian (print name): _____

Signature of Parent/Legal Guardian: _____ Date: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____