



**PLEASE SIGN AT THE BOTTOM OF THIS PAGE**

**Scholarship**

Yes ~ My child is eligible for the National School Lunch Program (*family income meets Indiana State requirements for free or reduced lunches in the case of home school children*) and I would like to apply for scholarship assistance.

**Verification** - I authorize (*write in scholarship applicant's school district*) \_\_\_\_\_ school district to verify eligibility. Staff at Ivy Tech Community College will contact your school district to verify your eligibility. Home school and other schooling circumstances may necessitate proof of income on a federal tax return to verify eligibility.

**Limits** - There is a limit of one scholarship per child per academic term (*there are three terms each year: Fall, Spring, and Summer*). Scholarships cover a single course's fee, apply to a single class, and cannot be split between classes.

**Confirmation** - Applicants who qualify will have the scholarship applied automatically. You will not be contacted unless there is a balance to be paid or if there are questions regarding the status of scholarship verification.

**Disability Support Services**

Ivy Ivy Tech Community College (*hereinafter referred to as "Ivy Tech"*) provides accommodations for persons with documented disabilities in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Students who have, or think they may have, a disability (*e.g. psychiatric, attention, learning, vision, hearing, physical, or systemic*), can contact Disability Services for assistance. All information is confidential. Phone (812) 330-6046 for an appointment.

**Refund Policy**

If If you need to cancel your registration, we must be notified by phone or in writing. Full refund of tuition will be given if notification is received 7 days or more prior to camp session. No refunds or credits (*except for documented medical emergencies*) will be issued after this time.

**Permission for Treatment**

The health history provided on this form is correct to the best of my knowledge. By my signature below, I hereby grant permission and authorize the provision of emergency medical treatment for minors/students who become ill or injured while participating in an Ivy Tech-sponsored Program. Should an emergency arise while my child is under the supervision of the staff of Ivy Tech, I (*we*), do hereby authorize the staff to obtain and/or provide medical attention for my child. I (*we*), do hereby give consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine during the program period. I (*we*), do hereby give consent to the administration of an emergency prescription medication prescribed to the above named minor/student for which I (*we*) have provided written instruction. I (*we*) do hereby release and forever discharge Ivy Tech and its partner instructors and organizations, employees, volunteers, agents, officers, trustees, affiliates, and representatives from any and all liability of any kind for any claim, demand, action, cause of action, expense, judgment or cost, including without limitation, attorney's fees, which arise out of or relate in any manner to the exercise of authority or judgment pursuant hereto, or to the securing, oversight, administration or supervision of medical or other care or treatment on behalf of my child at any time or any travel incident thereto.

**Release of Information**

By my signature below, I authorize Ivy Tech Community College to release medical information regarding the above named minor/student to any person or entity to whom Ivy Tech Community College refers the minor/student for medical treatment.

**Waiver Statement**

(*Must be agreed to by signing at bottom of this page to participate*). In consideration of permission to use the property, facilities and services of Ivy Tech, such use including, but not limited to, use of Ivy Tech's facilities or equipment, participation in Ivy Tech programs or activities, and observation of any of the foregoing, I do hereby agree:

- 1. Release and Waiver of Liability** - For myself and my heirs, assigns, personal representatives, executors and administrators, to waive, release, and forever discharge Ivy Tech and its respective directors, officers, employees, representatives and members (the "Releasees") from liability for any loss or damage and from any rights, claims or demands therefore which I have or which may hereafter accrue to me arising out of injury to my person or my property incurred in connection with my use of the property, facilities or services of Ivy Tech, whether such damages are caused by the negligence of the Releasees or otherwise.
- 2. Assumption of Risk** - That I bear sole risk of injury resulting from my child's use of the property, facilities and services of Ivy Tech and hereby assume full responsibility for a risk of any bodily injury, death or property damage arising from such use, whether caused by the negligence of the Releasees or otherwise.
- 3. Indemnification** - To indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur in connection with my child's use of the property, facilities and services of Ivy Tech, whether caused by the negligence of the Releasees or otherwise.
- 4. Audio-Visual Waiver** - I understand that my child may be photographed or videotaped during his/her participation in this activity, and consent to the reproduction of such photos or videos for advertising and publicity purposes.

**I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.**

**Signature of Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

*The above signed applicant is representing all the above stated participants in this form. It is the applicants' sole responsibility to relay this information to them.*