



G/R/E/A/T Graphics & Robotic Exploration with Amazing Technology Summer Camp

Camp Registration Form

Student Name: _____

Nickname: _____

School Attending: _____

GPA (only used for internal statistics): _____

School year entering in Fall: _____

T-shirt Size: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____

Additional Phone: _____

Contact email address: _____

Dietary Restrictions (we serve lunch for the 9-3 camps and a snack for the 9-12 camps, and can handle basic modifications, but please call if there are additional concerns):

Any special needs?

How will the student be arriving/leaving camp?

Please select a camp. Camps repeat activities and are not appropriate to attend for multiple weeks. Camps are held on the U of U campus in the WEB building except the Novell week camps, held on Novell’s campus.

GREAT-Elementary has 4 1-week sessions (entering 4th, 5th, or 6th grade): \$90

- ~~June 14-18, M-F, 9 A.M. – noon (Provo/Novell location) FULL~~
- ~~June 21-25, M-F, 9 A.M. – noon FULL~~
- ~~June 28-July 2, M-F, 9 A.M. – noon FULL~~
- ~~July 12-16, M-F, 9 A.M. – noon FULL~~
- ~~July 26-July 30, M-F, 9 A.M. – noon FULL~~

GREAT-Middle School has 4 1-week sessions (entering 7th, 8th, or 9th grade): \$175

- ~~June 14-18, M-F, 9 A.M. – 3 P.M. (Provo/Novell location) FULL~~
- ~~June 21-25, M-F, 9 A.M. – 3 P.M. FULL~~
- ~~June 28-July 2, M-F, 9 A.M. – 3 P.M. FULL~~
- ~~July 12-16, M-F, 9 A.M. – 3 P.M. FULL~~

GREAT-Advanced Robotics has 3 1-week sessions (entering 10th, 11th, or 12th grade): \$175

- ~~July 12-16, M-F, 9 A.M. – 3 P.M. FULL~~
- ~~July 19-22, M-F, 9 A.M. – 3 P.M. (short week) cancelled~~
- July 26-30, M-F, 9 A.M. - 3 P.M. \$175

GREAT-Advanced Programming has 1 2-week session (entering 10th, 11th, or 12th grade): \$275

- July 19-30, M-F (no camp on July 23rd), 9 A.M. - 3 P.M. \$275

The camp website at www.cs.utah.edu/camps has credit card payment as well as additional information on the camps.

Please mail this form and the tuition (make checks payable to “School of Computing”) to:

**School of Computing
 GREAT Summer Camp
 50 S. Central Campus Drive, MEB 3190
 Salt Lake City, UT 84112**

For more information, contact:

Dr. David Johnson, Camp Director

dejohnso@cs.utah.edu

801.585.1726

UNIVERSITY OF UTAH

**IMPORTANT: THIS IS A LEGAL DOCUMENT,
PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.**

ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

This Agreement must be completed in order to participate in the activities associated with this program and course.

Participant (print full name): _____

Program: University of Utah, School of Computing

Course: GREAT Summer Camp

I, the undersigned, am either the Participant named above or the parent and/or legal guardian ("Guardian/Parent") of the minor Participant named above. I am familiar with the curriculum and the activities which take place in the above named course.

TERMS AND CONDITIONS

I will participate or authorize the Participant to participate in the above program and course at the University of Utah (the "Program"). I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program which may expose the participant to illness, injury, or death. Participant or guardian/parent freely and voluntarily participates or allows participation in the program with the knowledge of the danger involved and hereby agrees to assume and accept any and all risk of injury or death.

WAIVER, RELEASE AND INDEMNIFICATION

Participant or Guardian/Parent of Participant understands and acknowledge that the University of Utah ("University") is not an insurer of Participant's behavior, actions or participation in the program, and that the University assumes no liability whatsoever for personal injuries or property damages to Participant or to third persons arising out of Participation in the Program activities. Participant or Guardian/Parent hereby agrees to release, waive, covenant not to sue, indemnify and hold harmless the University, and all of their officers, employees and agents (collectively the "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant or loss or damage to any property belonging to Participant arising out of or related to participation in the above named Program, and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee.

Participant or Guardian/Parent of Participant agrees that the site of any lawsuit arising out of or related to participation in the Program shall be Utah and that this Agreement will be governed by and

construed in accordance with the laws of the state of Utah, without application of any principles of choice of law.

Participant does not have any medical conditions that would prevent participation in course Program.

Participant has adequate health insurance to cover the costs of treatment in the event of any injury.

Participant shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

PARTICIPANT OR GUARDIAN/PARENT OF PARTICIPANT HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PARTICIPANT OR GUARDIAN/PARENT OF PARTICIPANT AND THE RELEASEES AND SIGNS IT OF HIS OR HER OWN FREE WILL.

_____ I am signing this Agreement for myself as Participant. I acknowledge that I am eighteen (18) years of age and that I understand the terms of this Agreement. I also acknowledge that this Agreement shall bind my heirs and personal representatives.

Signature of Participant

Date

_____ I am signing this Agreement on behalf of a minor Participant. I acknowledge that I am the Guardian/Parent of the Participant and that I understand the terms of this Agreement. I also acknowledge that these terms shall bind my heirs and personal representatives and the heirs and personal representatives of Participant.

Signature of Legal Guardian and/or Parent of Participant

Date

Participant's Insurance I.D. number and insurance carrier, carrier address and phone number:
