



**Two-Week Residencies: Fall 2020  
Registration and Release**

In consideration of the health risks associated with the global pandemic and the acknowledgement that participation in the two-week residency is voluntary, I knowingly support my child's participation. My son/daughter and I have read the conditions associated and agree to them. I also understand that GSSM reserves the right to add additional conditions in support of the safety and welfare of the school community. I am aware of the risks associated with coming into residency under these circumstances and indemnify and hold harmless the South Carolina Governor's School of Science & Mathematics (GSSM) and any of its employees or partners if my student becomes ill or if he/she engages in conduct and behavior that makes him/her especially vulnerable for contracting any illness or injury, especially COVID-19. I also understand if he/she fails to cooperate with the conditions outlined or any other specifics that may be later imposed, my child will be required to leave the residency and return to my care.

Please complete the form below indicating your decision regarding participation in one of the two-week residencies.

*I am interested in participating in the two-week residency and would like to register at this time. I understand and agree to the terms outlined for the two-week residency option.*

Parent Name (printed) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name (printed) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**I am opting out of the residency and will continue my instruction virtually through the entire 2020 Fall Semester.**

Parent Name (printed) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name (printed) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please return this form as directed in the letter by Friday, September 4, 2020. Requests to participate in the two-week residencies will not be considered after that date.***