



Dear Parent:

Congratulations, your child has been chosen by his/her teacher to participate in a National Science Foundation grant-funded project entitled *OssaBest: Ossabaw e-Exploration for Students and Teachers*. The project activities are centered on Ossabaw, Georgia's third largest barrier island. This program will run from June 22 – July 10, 2009. It will be based out of Armstrong Atlantic State University (AASU) and will comprise a three-day field experience in residence on Ossabaw Island and the remaining two days on the AASU campus.

This project is coordinated by professors from AASU and is designed to familiarize and encourage middle and high school students to pursue careers in Science, Technology, Engineering, and Math (STEM). Students will work with “nationally recognized” professors in an exciting and intellectually stimulating environment for five days, all expenses paid.

The field experience on Ossabaw Island will be supervised by your child's classroom teachers, staff from Skidaway Institute of Oceanography, Armstrong Atlantic State University and the Ossabaw Island Foundation. The students will live in a unique 19th century facility in an 18th century environment, using 21st century technology. Students will create an electronic field guide, and participate in placing sensors on the island to collect data of this pristine, natural habitat.

Students will also spend an additional two days during the subsequent school year, working in the laboratories and classrooms of AASU. They will learn how to use the data collected to answer questions, working with various forms of computer technologies to develop a deeper understanding and enjoyment of SMET.

On June 20th at 9:30 AM we will be having a general orientation for all parents, students, and staff to answer questions, provide information and take care of paperwork. A light lunch will be served. This meeting will be held in room 1407 of the Science Center at Armstrong.

Suggested Items To Bring To The Island:

Shower supplies (towel, soap, shampoo, shower shoes)
Toothbrush/toothpaste
Comb
Deodorant
Sleeping bag
Bug spray
Sun screen
Hat
3 pair shorts
3 pair underwear
3 T-shirts
1 sweatshirt
3 pair socks
1 pair sneakers (an old pair that can get dirty is best)
Sunglasses
1 swimsuit
Rain poncho

Backpack

Pajamas (nothing revealing, there will be boys and girls present)

Feminine products

Special medications with pharmacy label

THE OSSABAW ISLAND FOUNDATION,
305 FAHM STREET, SAVANNAH, GEORGIA 31401,
912-233-5104, 912-233-5145 (FAX)
www.ossabawisland.org

RELEASE, HOLD HARMLESS, AND INDEMNITY AGREEMENT

I, (or if a minor, parents please sign)

_____, am presently beginning a visit to Ossabaw Island in Chatham County, Georgia, during which I will avail myself of the facilities of said Island. In consideration of the privileges to be extended to me during my visit, I agree that during my visit on and in proceeding to and from Ossabaw Island, I will fully abide by any and all rules governing the use of the Island facilities as well as all applicable federal, state and county laws and regulations. I further agree to assume all risk of accident incident to my stay on Ossabaw Island and waive any and all specific notice of the existence of any such risk. I also agree to release and discharge THE OSSABAW ISLAND FOUNDATION, its officers, trustees and employees; Eleanor T. West, her agents, representatives, employees; the Department of Natural Resources of the State of Georgia, its employees and agents; and any other person for or to whom they may be liable (herein collectively referred to as "Sponsors") from any and all claims, liabilities or demands for personal injuries or property or other damages arising out of or in any manner connected with this visit to Ossabaw Island, including proceeding to or from Ossabaw Island.

I further agree to indemnify and hold harmless the Sponsors from and against any and all loss, liability, costs, claims, demands, damages, actions, causes of action, suits or expenses (including without limitation reasonable attorneys' fees and expenses) arising out of or in any manner connected with, related to or resulting from this visit to Ossabaw Island, including the travel to and from Ossabaw Island.

This agreement shall be governed in all respect by the laws of the State of Georgia and shall be binding upon the undersigned and the undersigned's heirs, legal representatives, successors and assigns and shall inure to the benefit of the Sponsors, and their heirs, legal representatives, successors, and assigns.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of _____, 20__.

_____Signature

_____Name (print)

_____Street or PO Box

_____City, State, Zip

Armstrong Atlantic State University

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/or course.

Participant (print full name): _____

Program: _____

Course: _____

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 activities which take place in the above named program/course.

TERMS AND CONDITIONS

I will participate or authorize the Participant to participate in the above program and/or course at AASU (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 AASU ("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 Board of Regents and 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 Georgia and that this Agreement will be governed by and construed in accordance with the laws of the state of Georgia, 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



The meeting will be held at the Science Center. That is building #5 on the map above.