

**AGREEMENTS**

**STUDENT**

*With my signature I certify that I have carefully and completely read the Information for Summer Residential Governor's School students. I recognize that it is a privilege to participate in this program. While a member of this community of learners, I agree to abide by all Governor's School rules, including the Internet Access Policy, and conduct standards as set forward in the information packet, by the program staff, and by the Lynchburg College. I am responsible for my choices and will be held accountable for my conduct for the duration of the program.*

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Name of Student (Please Print)

Signature

Date

**PARENT/LEGAL GUARDIAN**

*With my signature I certify that I have carefully and completely read the Information for Summer Residential Governor's School students, including the Internet Access Policy, and the student agreement above. I further certify that I have read and understood all accompanying materials and that I have completed all necessary authorization forms and medical paperwork thoroughly and accurately.*

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Name of Parent/Legal Guardian (Please Print)

Signature

Date