



**COURT'S IN SESSION SUMMER LAW CAMP**  
**Tuesday, July 19 – Friday, July 22, 2022**

**OVERVIEW:**

The Savannah 100 Foundation's Court's in Session Summer Law Camp introduces Savannah-area high school and college students to the legal profession. Step into the shoes of judges and attorneys. Find out about the many ways you can help others and make a lasting difference in your community. Learn what it takes to become a lawyer. Sharpen your problem-solving and communication skills. Learn what it takes to ease the transition from high school to college to law school.

**WHEN & WHERE:**

Our Court's in Session Summer Law Camp will meet from 9:00am to 3:30pm on Tuesday, July 19<sup>th</sup> through Friday, July 22<sup>nd</sup> **in Courtroom 2-C of the Chatham County Courthouse** at 133 Montgomery Street, Savannah, GA

**APPLICATION:**

To apply for the Summer Law Camp, (i) complete and sign the application and waiver below; (ii) submit a letter of recommendation from your counselor, an attorney, or clergy person, attesting to your character and interest the legal profession and (iii) a copy of your most recent report card. If you have previously participated in the Summer Law Camp or Court's In Session, or are a member of *the 100 Black Men of Savannah* or *the Chatham County Youth Commission*, you don't need to submit a letter of recommendation or your report card.

**QUESTIONS? Email [Law@Savannah100Foundation.org](mailto:Law@Savannah100Foundation.org)**

**DEADLINE:**

Send your (i) application, (ii) waiver (iii) recommendation and (iv) report card to [Law@Savannah100Foundation.org](mailto:Law@Savannah100Foundation.org) by no later than **July 10, 2022**.

**APPLICATION: SUMMER LAW CAMP (PLEASE PRINT LEGIBLY)**

**NAME:** \_\_\_\_\_ **Age:** \_\_\_\_ **Sex:**  Male  Female

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**SOCIAL MEDIA ACCOUNTS**

**FaceBook:** \_\_\_\_\_ **Instagram:** \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**LEmail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Ethnicity** (circle one): Black White Latino Asian Other: \_\_\_\_\_

**Language Spoken at home** (circle one): English Spanish Other: \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Favorite Class(es):** (i) \_\_\_\_\_

**What I like most about school is:** \_\_\_\_\_

**What I don't like about school is** \_\_\_\_\_

**Academically, I consider myself a** (circle one): Outstanding Good Fair Poor

**When I grow up I want to be:** \_\_\_\_\_

**After-school Activities:** (i) \_\_\_\_\_ (ii) \_\_\_\_\_

I hereby apply to be a member of the Court's in Session Summer Law Camp. I promise to be prompt, prepared, to abide by its requirements and to be kind and respectful to my fellow students and others.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CONSENT, RELEASE AND WAIVER FORM

*This is a legal document in which you give up certain rights.*

*Please read it carefully before signing your name.*

I, \_\_\_\_\_ the student or parent and/or guardian of \_\_\_\_\_ (“Mentee”), hereby give my consent for him/her to participate in the Savannah 100 Foundation, Inc. (“Foundation”) youth mentoring programs. I also agree that:

1. Program staff, Foundation, volunteers, have my permission to provide Mentee reasonable first aid and transportation to a health care facility in the event Mentee needs emergency medical attention. I agree to release any records necessary for treatment, billing, referral or insurance purposes in the event Mentee is transported to a health care facility for emergency medical attention.
2. Pictures and video or audio recordings of Mentee participating in the Program are hereby released by me for use in appropriate news media (e.g. newspapers, radio, and television stations) and in the marketing materials for the Chapter and Savannah 100 Foundation, Inc. (e.g. website and brochure).
3. In consideration of Mentee being allowed to participate in the program I agree on behalf of myself, Mentee, any other parent or guardian of Mentee, and any personal representative, agent, heir, successor or assign of the foregoing (hereinafter “Mentee’s parties”) to forever and irrevocably indemnify, hold harmless, waive liability, release and discharge Foundation, program staff, and any corporate entities, officers, directors, members and employees related to any of the Program from any and all claims, demands, causes of action, rights, costs and charges of whatever kind or nature, arising out of or related to any known or unknown, foreseen or unforeseen bodily or personal injury, death, or property damage, resulting from Mentee’s voluntary participation in Program.
4. In consideration of Mentee being allowed to participate in the Program, I covenant and agree on behalf of Mentee’s parties that Mentee’s parties will not sue Foundation or Program parties for any claims for damages arising from or related to Mentee’s participation in Program.
5. Assumption of Risks: Engagement in athletic activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries and that participation in any physical activity involves peculiar risks that even when safety precautions are utilized, injuries can occur. I also understand

that if I experience pain or physical discomfort during these activities I will decrease or stop participating. I am aware that personal health/accident insurance is my sole responsibility. I affirm that to the best of my knowledge, I do not have any medical condition or physical disability that will preclude my safe participation.

6. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Engagement of Athletic Activities and participation in attendant activities. I hereby assert that I knowingly assume all such risks.

I hereby acknowledge that I have read this form and agree to waive certain legal rights by signing this Consent, Release and Waiver.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Student — Parent or Guardian, if student is under 18 years years

\_\_\_\_\_  
Printed Name of Student or Parent or Guardian