



Applicants for Graduate Credit must also complete the **Graduate Non-Degree Seeking Student Application** linked off our website at <http://zombie.truman.edu/teachers/>. This application should be completed at the same time you complete this application. **If you are seeking credit, please do not submit this application before having completed the online Non-Degree Seeking Application.** We will need to pair the applications before we can register you for credit.

## **Deadlines**

- Applications must be completed by **March 21, 2016**. While applications can be accepted after that date, they will be accepted on a space-available basis.
- A non-refundable deposit of \$100 will be due on or before **March 21, 2016** in order to hold your spot. Visit <http://zombie.truman.edu/teacherspayment/> for detailed instructions on how to complete your payments.
- First half of your tuition is due on or before **April 29, 2016**.
- Final tuition is due on or before **July 1, 2016**.

## **Payment**

Checks should be made payable to the **Zombie Scholars Academy–Teacher**. We also accept MasterCard, VISA, Discover, and electronic check. You may follow this link <https://secure.truman.edu/institute-s/zsateacher> to pay by credit card or electronic check. We are unable to accept credit card payments over the telephone.

## **Photo Release and Program Participation Signature**

I acknowledge that, with the submission of this application, I am expressing my intention to participate in the Zombie Scholars Academy Summer Teacher Workshop and that I understand the fee structure, deadlines, and deposit policies that apply to my participation in the program.

Further I give Truman State University permission to utilize for University purposes all photographic and video images taken of me during my participation in the program. I understand that I will not be paid regardless of how the images are used. All photographs, proofs, negatives, and electronic images and all rights therein shall remain the property of Truman State University.

## **Informed Consent**

Participants will have the opportunity to participate in a team building activity led by the Truman Army ROTC using AirSoft. Participants will be taught how to work together in order to logically and systematically clear an area of “zombies.” Appropriate safety gear will be provided for each participant, and at no time will participants compete with each other – or aim toward each other -using AirSoft. In the unlikely event of ricochet from airsoft pellets (which are firm plastic balls), protective gear shields all participants. The activity will be supervised by ROTC faculty and ZSA staff.

**Please indicate any medical conditions or limitations that might impede these activities:**

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I opt-out of the ROTC AirSoft Teamwork activity.

I understand that participating in any thematically linked events may involve a substantial amount of physical activity. I acknowledge that these activities may involve a risk of personal injury to me.

By signing below, I voluntarily assume the risk of such injury and hereby release Truman State University, its Board of Governors, its officers and employees, the United States Army ROTC Cadre, the United States Army officers and noncommissioned officers, and other Army representatives involved in the ROTC program at Truman State University from any liability or claims arising from my participation in these events.

I rely solely upon my own judgment in participating in these events, and in executing this release, I understand and agree that this release discharges the University and the United States Army and all their representatives from any claims for injury that may result in my participation.

I further understand that neither the University nor the United States Army is providing any insurance to cover any potential injuries to me while participating in these events, and that if I incur any expenses as a result of injuries from participation in these events, I will be solely responsible for those expenses. I do release all parties from liability and accept responsibility for any injuries that I may incur.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**