

Scholarship Permission Form and Waiver
Matthew Shope Memorial Fly High Non Profit

1. I understand that it is a privilege to be considered for the Matthew Shope Memorial Fly High Non Profit's Scholarship. By signing below, I acknowledge that both my personal reputation and the reputation of the Scholarship can benefit from the manner in which I represent myself. I will do everything within my control to safeguard my good name and that of the Scholarship throughout this process.

2. I certify that all of the information I include in my application for this award, including listings of activities and awards, grades/scores/numerical data, research undertaken or planned, and personal statements or other essays, are my own work and are accurate and honest to the best of my knowledge.

3. I hereby waive my right to view faculty and institutional letters of recommendation or endorsement, which are written for the purpose of this award. Although copies of these letters may be provided to me by the authors, I understand that this may be done as a courtesy by the author and does not affect this waiver.

4. As required under the Family Educational Rights and Privacy Act, commonly known as FERPA, I hereby give permission for my grade point average (GPA), transcripts, individual course grades, and individual assignment grades to be used and discussed as a part of the application process.

5. I grant permission for Matthew Shope Memorial Fly High Non Profit to use my biographical information to publicize my nomination and/or receipt of this scholarship. I also consent to have a copy of my application and all supporting materials retained indefinitely by the Matthew Shope Memorial Fly High Non Profit and understand that these materials (with the exception of transcripts) may be made available to future applicants as an example for them to review as they prepare their own applications.

6. I hereby give permission to the Matthew Shope Memorial Fly High Non Profit, or their designees, to release information from official high school and/or college records pertaining to academic honesty and conduct offense violations, and to provide contextual information as to the severity of these offenses. This information may be given either in verbal or written form. The purpose of this release is for the Non-Profit to be able to consider my application for the award of or nomination for a merit-based scholarship.

7. I grant permission for the Matthew Shope Memorial Fly High Non Profit committee designated to review my application for the scholarship to view publicly available on-line information and images pertaining to my person as part of the selection process. [Please initial on the line below if you waive your right to review any recommendation issued pursuant to this request.] _____
(applicant initials) _____ (guardian initials) _____ (guardian initials) I hereby waive all

rights of access which I may have, now or at any time in the future, to any information provided in response to this request. The undersigned releases any person or entity who provides any information described in this document from any and all claims, damages, losses, costs, or liability of any nature arising out of the provision of such information.

8. Release. I, ON BEHALF OF MYSELF AND MY ASSIGNS, HEIRS, DEVISEES AND ESTATE (COLLECTIVELY, "SUCCESSORS"), HEREBY UNCONDITIONALLY AND FOREVER RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS Matthew Shope Memorial Fly High Non Profit AND ITS DIRECTORS, EMPLOYEES, INDEPENDENT CONTRACTORS, REPRESENTATIVES, AGENTS, AND INSURERS (COLLECTIVELY, "RELEASED PARTIES"), FROM ANY AND ALL CLAIMS, JUDGMENTS, COSTS, DAMAGES, LOSSES, EXPENSES AND LIABILITIES DIRECTLY OR INDIRECTLY RELATING TO ANY CLAIM I MAY NOW OR HEREAFTER HAVE WITH RESPECT TO ANY DEATH, PERSONAL INJURY, PROPERTY DAMAGE, PECUNIARY LOSS OR OTHER LOSS, DAMAGE, COST OR EXPENSE (COLLECTIVELY, "HARM") THAT MAY BE SUFFERED BY ME OR ANY THIRD PARTY AS A RESULT OF ANY USE BY Matthew Shope Memorial Fly High Non Profit OF MY NAME, LIKENESS AND BIOGRAPHICAL OR OTHER IDENTIFYING DATA OR IN CONNECTION WITH MY ACCEPTANCE, PARTICIPATION IN, USE OF AND/OR INABILITY TO USE ANY AWARD AWARDED TO ME, EVEN IF SUCH HARM IS CAUSED SOLELY BY THE RECKLESSNESS, NEGLIGENCE OR FAULT OF ONE OR MORE RELEASED PARTIES (COLLECTIVELY, THE "RELEASED CLAIMS"). I HEREBY AGREE TO INDEMNIFY Matthew Shope Memorial Fly High Non Profit AND ALL OTHER RELEASED PARTIES FROM AND AGAINST ANY AND ALL HARM INCURRED BY Matthew Shope Memorial Fly High Non Profit AND ANY OTHER RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY RELEASED CLAIMS OR IN CONNECTION WITH ANY THIRD PARTY CLAIMS BASED ON THE MATERIALS I SUBMITTED TO Matthew Shope Memorial Fly High Non Profit OR BASED ON Matthew Shope Memorial Fly High Non Profit'S USE OF SUCH MATERIALS. I SPECIFICALLY UNDERSTAND AND AGREE THAT THIS RELEASE WILL PREVENT ME AND MY SUCCESSORS FROM BRINGING A LAWSUIT, CLAIM OR OTHER ACTION AGAINST Matthew Shope Memorial Fly High Non Profit OR ANY OTHER RELEASED PARTY AND FROM RECOVERING ANY MONEY DAMAGES OR OTHER LEGAL RELIEF FROM Matthew Shope Memorial Fly High Non Profit OR ANY OTHER RELEASED PARTY IN CONNECTION WITH ANY OF THE CLAIMS RELEASED ABOVE.

9. Severability. If any provision of this Release are found to violate any statute, regulation, rule, order, or decree of any governmental authority, court, agency, or exchange, such invalidity shall not be deemed to affect any other provision hereof or the validity of the remainder of this Agreement, and such invalid provision shall be deemed deleted from these Terms to the minimum extent necessary to cure such violation.

10. Captions. The captions contained in these Terms are for convenience only and shall not affect the construction or interpretation of any provisions of these Terms.

11. Voluntariness of Agreement. User agrees that he/she enters these Terms/Agreement voluntarily and willingly. Failure to read all Terms on the part of the User not grounds for non-compliance.

12. Governing Law. These Terms shall be read and construed in all aspects in accordance with and shall be governed by the Laws of California and the parties hereby submit to the exclusive jurisdiction of the California Courts.

Applicant Signature

Applicant Name (printed legibly)

Date

Parent/Guardian Signature

Parent/Guardian Name (printed legibly)

Date

Parent/Guardian Signature

Parent/Guardian Name (printed legibly)

Date