

3rd Annual High School Youth Summit: Improving the Quality of Life
Registration Form

University of Utah College of Engineering
June 23-June 25, 2010

Participant's Name _____

Address: _____

Email: _____ phone: _____

Do you prefer to be called by a nickname? _____

Birth date _____ M / F

Please specify your adult T-shirt size: _____

High School _____

Grade Entering in Fall 2010 _____

How did you find out about our program?

Are you currently taking any medications that we should be aware of? (If yes, please explain)

Do you have any special needs? (If yes, please explain)

Do you have any allergies? (If yes, please explain)

Do you have any special meal requests? (Vegetarian, Food allergies, etc.)

Will you need to park a car on campus during the Summit?

No

Yes

Emergency Contacts:

Name _____

Telephone _____

Relationship to participant _____

Name _____

Telephone _____

Relationship to participant _____

Please send these forms and a check for \$25 to 'BioEngineering University of Utah'

Return to:

Dr. Kelly Broadhead

Department of Bioengineering

72 S Central Campus Drive, Room 2650

University of Utah

SLC, UT 84112

Kelly.Broadhead@utah.edu

ph: (801) 585-7605

OPTIONAL CONSENT:

I hereby give the College of Engineering at the University of Utah permission to use photos of my child/ward for publicity purposes.

Parent/guardian signature:

Print name:

Date: _____

REGISTRATION FORM DUE:

MAY 14, 2010

To be filled out by the Participant:

Regarding engineering (Rate your agreement 1 = Strongly agree; 5 = Strongly disagree)

1. I am familiar with engineering as a potential college major and career. 1 2 3 4 5
2. I am aware of the ways that engineers improve our quality of life. 1 2 3 4 5
3. Engineering seems like an exciting field to me. 1 2 3 4 5
4. Engineers use a lot of math in their day-to-day work. 1 2 3 4 5

What interests you most about Bio-Innovation? _____

When you think of a typical engineer's work day, what are they doing? _____

Can you picture yourself as an engineer? _____

Regarding your preparation for college (Rate your agreement 1 = Strongly agree; 5 = Strongly disagree)

1. What I am learning in my high school classes relates to engineering. 1 2 3 4 5
2. I know the requirements for entering engineering as a college major. 1 2 3 4 5

Regarding your plans after high school (Rate your agreement 1 = Strongly agree; 5 = Strongly disagree)

1. I am likely to choose engineering as a college major and career. 1 2 3 4 5
2. I would like to know more about engineering as a college major and career field. 1 2 3 4 5

We are looking forward to meeting you at the 3rd Annual High School Summit on Improving the Quality of Life!

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To Be Filled Out by a Parent / Guardian: UNIVERSITY OF UTAH

**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 course.

Participant (print full name): _____

Program: University of Utah College of Engineering

Course: 3rd Annual High School Youth Summit: Improving the Quality of Life

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 curriculum and the activities which take place in the above named course. I understand that up to one hundred high school students will participate in the Summit program. They will be divided into smaller groups of about 20 students for lab activities, where they will be supervised by trained interns and one College of Engineering faculty or staff member during these lab activities. Larger full-group gatherings will be supervised by additional interns and faculty/staff.

TERMS AND CONDITIONS

I will participate or authorize the Participant to participate in the above program and course at the University of Utah (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. I understand that the participant will be working in both a chemistry and biochemistry lab and will come in contact with chemicals and equipment that if handled improperly may cause injury. 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 the University of Utah ("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 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 Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, 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 Participant.

Signature of Legal Guardian and/or Parent of Participant

Date

Participant's Insurance I.D. number and insurance carrier, carrier address and phone number:

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