

Bioscience Explorers

Welcome to the 2012 summer season!

We intend to provide your child with a summer camp program that is interesting, educational and fun.

Instructions

Complete the Health Record and Extended Day Information, Release Agreement, Activity Detail and Publicity Release Form.

Please return these forms immediately by mail or fax to:

**Center for Bioscience Education and Technology
Rochester Institute of Technology
153 Lomb Memorial Drive
Rochester, NY 14623-5608
Fax: 585.475.4360**

Important Arrival and Departure Information

For drop-off and pick-up, please park in Lot F near the side door of the Center for Bioscience Education and Technology, Building 75 (see campus map for directions). Instructors will be at that location to welcome the Bioscience Explorers on the first day. Students will sign-in daily with their instructor.

Please arrive promptly. Students will not be allowed to be dropped off and travel to their classes independently. This is important. If it is necessary for you to be late, please call 475-4363 or 703-7364 (cell) to make special arrangements. Also, call those numbers by 8:30 AM to report absences.

Students will need to be met by a parent, legal guardian or the individual designated on the attached form. Written arrangements for early departure need to be approved by the camp instructor or CBET Director.

Questions or Concerns?

Please contact the CBET Director at 585.475.2492

Center for Bioscience Education and Technology
153 Lomb Memorial Drive
Rochester, New York, 14623-5608
585.475.4363

Part 1: Health Record

Child's Name _____ Male ___ Female ___ School Year (2012) _____

Address _____ Home Phone _____

Parent 1 _____ Day/Cell Phone _____ email _____

Parent 2 _____ Day/Cell Phone _____ email _____

Emergency Contact Information (When parents can't be reached): Name _____

Phone _____ Cell Phone _____ Physician's Name _____

_____ Office Phone _____ **Health History,**

Please Check all that Apply: Ear Infections ___ Asthma ___ Diabetes ___ Hearing Loss ___ Vision Loss ___

Allergies: Hay fever ___ Penicillin ___ Poison Ivy ___ Insect Stings ___ Food Allergies

_____ Other Allergies _____ Behavior

Concerns: _____ Learning Concerns: _____ Are there

any medical problems not mentioned above that need to be brought to our attention?

Current Medications _____

Does your child regularly participate in sports and recreational activities? If not, why not?

Signature _____ Date _____

Medical Insurance carrier _____ Policy Number _____

Part 2: Pick-up and Drop-off Information

Parent1 _____ Cell Phone _____ Email _____

Parent2 _____ Cell Phone _____ Email _____

Name of person(s) picking up your child _____ Cell Phone _____

Name of person(s) picking up your child _____ Cell Phone _____

Name of person(s) picking up your child _____ Cell Phone _____

Information we should know: _____

Please note: Pick-up promptly at 4 PM for the regular camp or 5 PM for the Extended Day Option

Parent Signature _____ (Regular Day)

Parent Signature _____ (Extended Day)

**ROCHESTER INSTITUTE OF TECHNOLOGY
RELEASE AGREEMENT**

As the parent and/or legal guardian of _____ (the "Participant"), I give permission for him/her to participate in *Bioscience Explorers* at Rochester Institute of Technology. As a precondition to the Participant's involvement in *Bioscience Explorers* activities, I have read the following Release Agreement (the "Agreement") and agree to its terms.

1. Assumption of Risk. I understand that participation in *Bioscience Explorers* entails inherent risks, including, but not limited to, the risks described in the Detail Form on the following page of this Release Agreement. I have been given the chance to ask questions concerning this Activity Detail Form and all such questions have been answered to my satisfaction. Having read this form, both the Participant and I are fully aware of the risks and hazards associated with participating in *Bioscience Explorers*, and hereby consent to the Participant's involvement in the Program. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that I and/or the Participant sustain arising from the Participant's involvement in *Bioscience Explorers*, unless caused by the gross negligence or willful misconduct of RIT, its officers, trustees, agents, employees or volunteers (the "Releasees").
2. Liability Release. In consideration for RIT allowing the Participant to participate in *Bioscience Explorers*, I and the Participant agree not to sue the Releasees and release the Releasees from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever which I and/or the Participant may have arising out of any loss, damage, or injury, including death, that may be sustained by me and/or the Participant, or to any property belonging to me or the Participant, arising during the *Bioscience Explorers* activities or while upon the premises where the *Bioscience Explorers* Program is being conducted, excepting those claims arising from the gross negligence or willful misconduct of the Releasees.
3. Indemnification. I agree to indemnify and hold harmless the Releasees from and against any loss, liability, damage or costs, including court costs and attorneys' fees, that Releasees may incur arising from the Participant's involvement in the activity, excepting those claims arising from the gross negligence or willful misconduct of the Releasees.
4. Warranty of Physical Fitness. Both the Participant and I warrant that the Participant is physically fit and in a condition that will allow him/her to participate fully in *Bioscience Explorers* activities. We understand the Releasees have not made, nor will make, any investigation into the Participant's physical fitness or ability of the Participant to participate in *Bioscience Explorers*, and Releasees are relying on my warranty concerning Participant's physical condition. I maintain medical insurance that covers the Participant for accidents and illnesses while participating in this Activity. I assume full responsibility for payment of medical expenses not covered by this insurance incurred as a result of the Participant's involvement in *Bioscience Explorers* activities.
5. Emergency Medical Treatment. I grant the Releasees permission to authorize emergency medical treatment for the Participant, as they deem appropriate, and agree that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

It is my express intent that this Agreement shall bind me, the Participant, the members of my family and spouse (if any), my estate, heirs, administrators, assigns or personal representatives. I agree that this Agreement and any claim arising from participation in *Bioscience Explorers* shall be construed in accordance with the laws of the State of New York, without regard to its conflict of laws provision. The courts in Monroe County shall be the forum for any lawsuits arising from the Activity or incident to this Agreement. The terms of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal or unenforceable, the validity of the remaining portions shall not be affected thereby.

In signing this Agreement, I acknowledge that I have read both sides of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I am the parent or legal guardian of the Participant and that I sign this Release Agreement voluntarily.

Name of Parent or Guardian (printed) _____ Signature _____ Date _____

Name of Participant (printed) _____

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING.

Bioscience Exploration for High Schoolers Activity Detail Form

Date(s) of Activity: July 9 – August 10, 2012

Location of Activity: RIT Campus

Type of Activity: Recreation

Bioscience Explorers Publicity Release Form

I, the undersigned parent(s) or legal guardian(s) of _____, a minor under the age of eighteen years hereby agree, on behalf of myself and the participant, beginning on July 9 – August 10, 2012, that photographs, still or action, video or film may be taken of the student individually or with others, by or on behalf of RIT, and agree that all rights therein shall irrevocably exclusively, unconditionally and perpetually belong to RIT and that such rights are freely assignable by RIT.

I further agree on behalf of myself and the student, that, without any compensation or notification to or approval by the student, the pictures may be used, reproduced or thereby disseminated or published by or on behalf of RIT, directly or indirectly for any purpose, including but not limited to advertising and/or promotional purposes, in any manner and at any time RIT desires.

I also agree to allow the student to participate in a 4- hour training program leading to certification in Cardiopulmonary Resuscitation (CPR).

Name of Parent or Guardian (printed) _____

I represent that I am the parent/guardian of the student and fully authorized to enter into this Publicity Release on behalf of the student.

Signature _____ Date _____

Name of Participant (printed) _____