

# Bioscience Explorers

Welcome to the 2017 summer season!

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

## Instructions

Please complete the **participation release agreement** and the **medical and health insurance** form and return these to us promptly by email at [cbet@rit.edu](mailto:cbet@rit.edu) or by fax: 585-475-4360. Forms can also be mailed to:

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

## 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** to make special arrangements. Also, please call this number by 8:30 AM to report absences.

Students will need to be met by a parent, legal guardian or the individual designated on the forms. 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 585.475.4363

**ROCHESTER INSTITUTE OF TECHNOLOGY**  
**SUMMER PROGRAM PARTICIPATION AND RELEASE AGREEMENT**  
**CONCERNING MINOR CHILD**

As the parent and/or legal guardian of \_\_\_\_\_ (the "Participant"), I give permission for him/her to participate in the \_\_\_\_\_ (the "Activity") at Rochester Institute of Technology ("RIT"). As a precondition to the Participant's involvement in the Activity, I have read the following Summer Program and Release Agreement (the "Agreement") and agree to its terms.

1. Activity. Both the Participant and I understand that RIT will use reasonable commercial efforts to provide the Activity as scheduled, presented, and described in the materials provided during the registration process. However, since the Activity is dependent upon various factors, some of which are out of the control of RIT, I and the Participant agree that the Activity may be modified, canceled and/or consolidated with no or limited notice. In the event the Activity is canceled prior to its advertised start date, RIT will provide a full refund. Refunds other than those due to the cancellation of the Activity prior to its advertised start date shall be at the discretion of RIT.

2. Assumption of Risk. I understand that participation in the Activity entails inherent risks. I acknowledge that some of the Activity may be provided by independent third parties, such as transportation companies, park operators, and family entertainment providers ("Providers"). These Providers are not agents of, or represented by RIT, and RIT is not liable for the negligent or otherwise wrongful acts or omissions of these third party Providers. I have been given the chance to ask questions concerning the Activity and all such questions have been answered to my satisfaction. Having read this form, both the Participant and I am fully aware of the risks and hazards associated with the Activity, and hereby consent to the Participant's involvement in the Activity. 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 the Activity, unless caused by the gross negligence or wilful misconduct of RIT, its officers, trustees, agents, employees or volunteers (the "Releasees").

3. Liability Release. In consideration for RIT allowing the Participant to participate in the Activity, 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 from the Activity or while upon the premises where the Activity is being conducted, excepting those claims arising from the gross negligence or wilful misconduct of the Releasees.

4. 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 wilful misconduct of the Releasees.

5. 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 the Activity. 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 the Activity, 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 the Activity.

6. 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.

7. Behavioral Expectations. I and the Participant understand that participation in the Activity requires adherence to the behavioral expectations and rules of the Activity. These expectations and rules will be conveyed to the Participant during the Activity and are subject to change. Failure to comply with these expectations and rules will result in a dismissal from the Activity. Any dismissal from the Activity as a result of my or the Participant's failure to adhere to the behavioral expectations shall not entitle me or the Participant to any refund, full or partial.

8. Talent Release. I grant to RIT the absolute and irrevocable right and unrestricted permission to use, reproduce, broadcast, telecast, publish, present and display the name, likeness, features, voice, identity, resemblance, quotations or photographs of Participant while engaged in the Activity. I agree that neither I nor the Participant is entitled to any compensation for the use of the Participant's name, likeness, features, voice, identity, resemblance, quotations or photographs whether used for illustration, promotion, art, editorial, advertising, trade, or any other purpose.

9. Loss or Damage to Property. I and the Participant acknowledge that RIT shall not be responsible for the loss, damage, or theft of my or the Participant's personal property. I and the Participant further acknowledge that we shall be held personally responsible for any damage caused to RIT property.

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 the Activity 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 pages 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.

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Name of Parent or Guardian (printed)	Signature	Date
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Name of Participant (printed)	Signature	Date
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**THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING.**

(rev.5/2010)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Program attending: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_

### Medical History

Please indicate the childhood illnesses your student has had and complete the information about your child's current physical condition. If your student has not had the illness or condition listed, please check the 'No' box.

#### Childhood Illness

	Yes	No	Date
Chicken Pox	___	___	_____
German Measles	___	___	_____
Measles	___	___	_____
Mumps	___	___	_____
Shingles	___	___	_____

#### Current Physical Conditions

	Yes	No	Date
Asthma	___	___	_____
Bleeding/Clotting Disorder	___	___	_____
Cancer	___	___	_____
Convulsions/Seizures	___	___	_____
Diabetes	___	___	_____
Frequent Ear Infections	___	___	_____
Heart Defect/Disease	___	___	_____
High Blood Pressure	___	___	_____
Kidney Disease	___	___	_____
Lung Disease	___	___	_____
Vision Impairment	___	___	_____

#### Allergies

Hay Fever	___	___	_____
Insect Sting Reaction	___	___	_____
Penicillin	___	___	_____
Poison Ivy, etc.	___	___	_____

Food Allergies (please list)

\_\_\_\_\_

Medication Allergies (please list)

\_\_\_\_\_

Other Allergies (please list)

\_\_\_\_\_

### Health Information (please attach additional paper if necessary)

Has the student been under any medical care within the past three months? If so, please explain.

\_\_\_\_\_

Explain any treatment the student has received in the past for his/her physical, mental or emotional health.

\_\_\_\_\_

Is the student on a special diet? If so, please explain.

\_\_\_\_\_

Should the student be restricted in recreation or swimming? In what way?

\_\_\_\_\_

Is there anything else we should know about your child, or any other special needs he or she may have?

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## Health Insurance Information

Name \_\_\_\_\_

My student has health insurance\*

Name of insurance carrier \_\_\_\_\_

Policy or group number \_\_\_\_\_

Name of policy owner (Insured) \_\_\_\_\_

### In addition

I assume full responsibility for payment of medical expenses that are not covered by my insurance and are incurred as a result of my student's participation in a summer program at Rochester Institute of Technology.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*All participants in RIT summer programs are required to carry health insurance. If your student does not have health insurance, this website <http://www.ins.state.ny.us/chealth.htm> may be of assistance to you.

### In case of Emergency

First contact name \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Night Phone: (\_\_\_\_\_) \_\_\_\_\_

Second contact name \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Night Phone: (\_\_\_\_\_) \_\_\_\_\_

## Permission Slip and Consent for Medical Treatment (Parent/Guardian)

I represent that the foregoing medical history is correct to the best of my ability. I give my permission for the above named student to participate in all prescribed program activities except as noted on Page 1 of this form.

I further represent that I am the parent or legal guardian of the above-named student, and that I give permission for \_\_\_\_\_ (print student's name) to be given first aid in case of emergency while he/she is in attendance at summer programs on RIT's campus. This includes permission for the child to be taken to the emergency department of a local hospital if the injury is serious enough to require medical attention. I further hereby waive and release RIT, its staff, agents, representatives, employees, designees, or anyone else involved in the RIT summer program from any and all liability,, claims or causes of action relating to or resulting from any activities which might directly or indirectly result from my child's participation in any activity conducted at the RIT summer camp program. . I verify all information I have provided to be true and correct.

Parent/Guardian's Name (Please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Medical and Health Insurance Form