

ROCHESTER INSTITUTE OF TECHNOLOGY (RIT) SUMMER PROGRAM
PARTICIPATION AND RELEASE AGREEMENT CONCERNING MINOR CHILD
(page 1 of 2)

As the parent and/or legal guardian of _____ (the "Participant"), I give permission for Participant 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 Release Agreement (the "Agreement") and agree to its terms.

1. **Assumption of Risk.** I understand that participation in the Activity entails inherent risks, including, but not limited to, the risks described in the Activity Detail Form on the reverse side of this Release Agreement. I acknowledge that some of the Activity may be provided by independent third parties, such as transportation companies, park operators, 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 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 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 willful misconduct of RIT, its officers, trustees, agents, employees or volunteers (the "Releaseses").
2. **Liability Release.** In consideration for RIT allowing the Participant to participate in the Activity, I and the Participant agree not to sue the Releaseses and release the Releaseses from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses ("Claims") 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 regardless of how such Claims may arise and regardless of who is at fault, even if caused by the neglect or fault of Releaseses, excepting those Claims arising from the gross negligence or willful misconduct of the Releaseses.
3. **Indemnification.** I agree, to the fullest extent permitted by law, to indemnify, defend, and hold harmless the Releaseses from and against any loss, liability, damage or costs, including court costs and attorneys' fees, that Releaseses may incur arising from the Participant's involvement in the Activity, excepting those claims arising from the gross negligence or willful misconduct of the Releaseses.
4. **Warranty of Physical Fitness.** Both the Participant and I warrant that the Participant is physically fit and in a condition that will allow them to participate fully in the Activity. We understand the Releaseses 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 Releaseses 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.
5. **Emergency Medical Treatment.** I grant the Releaseses permission to authorize emergency medical treatment for the Participant, as they deem appropriate, and agree that such action by the Releaseses shall be subject to the terms of this Agreement. I understand and agree that the Releaseses assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
6. **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.
7. **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.

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(page 2 of 2)**

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 of 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)	Signature	Date

**THIS IS A RELEASE OF LEGAL RIGHTS AND AN ACKNOWLEDGEMENT AND
ASSUMPTION OF RISK. READ AND UNDERSTAND BEFORE SIGNING.**

ACTIVITY DETAIL FORM

Name of Activity: Health Care Careers Exploration Program (HCCEP)

Date(s) of Activity: July 26-31, 2025

Location of Activity: RIT Campus

Description of Activity: Here is a general list of activities for the HCCEP program.

- bowling
- dancing
- general classroom learning activities in labs, machine shops and art studios
- kickball
- movie
- participate in an on campus “mock” fire drill (a safety drill required by NY state)
- rock climbing at Central Rock Gym (CRG)
- rollercoaster and other rides at SeaBreeze Amusement Park
- walking across campus

By participating in these activities, you may be exposed to several inherent risks, including but not limited to those listed below:

I understand that participating in this activity can be dangerous involving many risks of injury, including but not limited to a serious injury to bones, joints, ligaments, internal organs as well as the risk of death or serious disability. Any of these injuries may lead to a permanent impairment to engage in the business, social and recreational activities I generally enjoy in life. Because of the dangers of participating in this activity, I warrant that I am knowledgeable in the use of protective equipment and rules of the activity, and agree to abide by such use or protective equipment and rules. I am fully aware of the risks and hazards associated with the activity, and hereby elect to voluntarily participate in this activity.

Expectations and Guidelines for Participants

The following expectations and guidelines are in place to provide a positive experience and help ensure that all participants treat one another, themselves, and RIT/NTID staff with respect and consideration. In addition to complying with all federal, state, and local laws*, we expect participants to comply with the guidelines below. Any student exhibiting any of the behaviors listed below may be subject to disciplinary action.

Alcohol: The consumption or possession of alcoholic beverages is prohibited in all RIT/NTID residence halls regardless of participant's age or circumstances.

Attendance: RIT/NTID Health Care Careers Exploration Program participants must attend all program activities.

Driving: RIT/NTID Health Care Careers Exploration Program participants are not allowed to drive a car or ride in a participant's car during programs. We ask that students not bring a car to campus. If they do, they will be asked to leave their car keys with the program coordinator.

Drugs: RIT/NTID explicitly prohibits use, possession, sale, manufacturing, or trafficking of illegal drugs on RIT/NTID property. Federal, state, and local laws regarding drug use apply.

Endangering Behavior: Conduct that threatens or endangers the health and/or safety of a person(s), including but not limited to exiting a building through the window or the throwing of objects out the window is prohibited. Persistent inappropriate behavior and/or infractions of these rules will lead to possible dismissal from RIT/NTID Programs. Parents/guardians will incur expenses for their child's return home.

Firearms and Weapons: (including knives, arrows, etc.) are not permitted on campus. Possession of a weapon or any item perceived as a weapon by program staff will result in automatic suspension and expulsion from the summer program.

Fire Safety: Setting a fire, causing a false fire alarm, or causing an unreasonable situation that creates a fire safety hazard is prohibited.

Keys/Linen: All participants are issued a room key, and some may rent linen. Participants are responsible for returning all items at check out.

THERE MAY BE UP TO \$150 FOR ANY KEY AND/OR LINEN NOT RETURNED AT CHECK-OUT.

Leaving Campus: RIT/NTID Health Care Careers Exploration Program students are not allowed to leave campus during the program unless prior arrangements have been made between the student, parent, and the program coordinator.

Privacy: RIT/NTID Health Care Careers Exploration Program participants should respect the privacy of others and must not enter other students' rooms without their permission.

Quiet Hours: Quiet hours are between 11:00 p.m. and 7:00 a.m. Conduct that disturbs the peace of the community is forbidden.

Residence Halls: RIT/NTID Health Care Careers Exploration Program must be in their own dormitory room with the door shut at 11:00 p.m. Students are not allowed to leave their dormitory rooms between 11:00 p.m. and 7:00 a.m. All entrances to the residence halls will be locked for safety, and guests will not be issued min-door keys. They should take care of their room and must not remove furniture or window screens from the room. If caught violating these guidelines, the student may be removed from the program.

Sexual Misconduct: All forms of sexual misconduct, including any form of unwanted sexual contact, are expressly prohibited.

Smoking Policy: Consistent with Public Health Regulations of the County of Monroe, smoking is prohibited in all RIT housing and academic areas.

Theft: Attempted or actual unauthorized possession of RIT/NTID property or other personal or public property is prohibited.

Vandalism: Attempted or actual damage to or alteration of RIT/NTID property or other personal or public property is prohibited.

I have read the Expectations and Guidelines for Participants and agree to abide by the expectations outlined. I understand that if I do not abide by these guidelines, my parent(s) or guardian(s) may be contacted or I may be removed from the program without refund.

Student/Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*The use of alcohol, drugs, cigarettes, or vapes are strictly prohibited under the age of 21 regardless of federal, state and local laws!

Mobile Device (page 1 of 2)

Dear parents/guardians:

RIT/NTID strives to ensure that your children have a high-quality immersive experience while with us at Health Care Careers Exploration Camp.

To help ensure this, mobile devices are prohibited during HCCEP. We see many benefits of “unplugging,” including:

- The likelihood of devices becoming lost or stolen, or becoming damages during the program significantly decreases;
- The likelihood of cyberbullying, inappropriate videos/photos being taken during the program also significantly decreases;
- A heightened sense of independence, resilience, and development of problem-solving skills as students get ready to embark on the next chapter of their lives;
- Meeting and getting to know others, and fostering friendships;
- Understanding and learning the importance of developing social skills without the interference of the digital world.

Please review our policy with your child. We look forward to having your child this summer!

Best,

Charles McFadden
Senior Director

Mobile Device (page 2 of 2)

Policy

There is a mobile phone/electronic device policy for all RIT/NTID Outreach programs.

As we understand students need to keep their mobile devices to and from the program (especially those who are traveling by plane, bus, or train without a parent/guardian), we will collect the students' mobile device during the first day of HCCEP at registration and return their devices on the final day of the program. If a student needs to use the internet, telephone, or a videophone to call home or check the status of their travel arrangements, we will arrange for this.

However, for the duration of the program, students are not permitted to possess a mobile/cell phone or any other electronic device for any reason on campus. Any student violating this policy will have their mobile/cell phone taken away until the last day of the program.

NOTE: If a mobile/cell phone is taken away, we will contact the parent/guardians to share the situation, and then lock it up for safekeeping until the end of the program.

If a device other than a mobile/cell phone is confiscated (such as an iPad, tablet, and the like), it will be shipped back, with insurance, to the students' home at the family's expense.

If you have any concerns, you can contact us at NTIDOutreach@rit.edu or by calling us at (585) 475–6700. By signing this document, you agree to abide by the mobile/cell phone policy of HCCEP.

Participant

Date

Parent/Guardian, if under 18

Date

Social Media Engagement and Expectations

Dear Parents, Guardians and Campers,

As the world of social media and social networking continues to evolve, the Health Care Careers Exploration Program team at RIT/NTID wants to ensure we provide safe and secure access to NTID's social media platforms for our students, parents, guardians, and families who would be interested in the day-to-day activities of Health Care Careers Exploration Program!

Our goal is to ensure that NTID's social networking platforms (in this case, e.g., Facebook, Instagram, TikTok, and all other that may apply) are utilized for the week's informational and educational purposes, and under the directive of fostering a community and a steady stream of information.

Videos and pictures of the activities of campers, staff, directors, the environment, and the RIT/NTID campus will be posted.

To see what the campers at Health Care Careers Exploration Program are up to, follow us on social media:

Facebook: www.facebook.com/ritntidyouthprograms

Instagram: [@ritntidyouthprograms](https://www.instagram.com/ritntidyouthprograms)

Expectations

- All campers should be respectful in their postings and comments on NTID's social media pages. NTID reserves the right to remove inappropriate language, personal insults, profanity, spam, racist, sexist or discriminatory remarks, harassment, or threatening comments on our NTID's Health Care Careers Exploration Program social media page. These types of postings and comments will be not tolerated.
- No camper, or other participant, should include any information on the site, which in the sole discretion of NTID, that would compromise the safety of him/herself, or other community members.

By signing below, you affirm you have read and understand Health Care Careers Exploration Program Social Media Engagement and Expectations. I agree to comply with the above expectations.

Parent's name: _____ Date: _____

Parent's signature: _____ Date: _____

Camper's name: _____ Date: _____

Camper's signature: _____ Date: _____

Transportation Plan – July 26-31, 2025

You are responsible for arranging transportation to and from the program. **Please indicate below how you will arrive on campus Saturday, July 26, 2025 and depart Thursday, July 31 2025.**

Arrival (Arrival date and time must be on Saturday, July 26th between 1:00 p.m. and 3:00 p.m.)

How are you arriving?

- ☐ Automobile (Driver's Name: _____)
☐ Bus ☐ Plane ☐ Train

We recommend that if you are flying, you fly into the Frederick Douglass Greater Rochester International Airport (ROC), not to the airport in Buffalo. Even though the flight to Buffalo may be cheaper, Buffalo is at least an hour away and ground transportation from there to Rochester actually makes the trip more expensive. From the Rochester airport, or from the bus or train station, we provide shuttle service. We will bring your camper to campus for a fee of \$10 each way. The camper using the shuttle service is responsible for paying the fee.

If traveling by bus, plane, or train, we need a legible copy of the tickets/itinerary.

What time are you arriving? _____ If by plane, which airline? _____

Shuttle Service – Cost is \$10 per person, payable at time of pick up.

Please make shuttle reservations on my behalf for my arrival. ☐ Yes ☐ No

Departure (Departure date and time must be no later than 10:00 a.m. on Thursday, July 31st)

How are you departing?

- ☐ Automobile (Driver's Name: _____)
☐ Bus ☐ Plane ☐ Train

Students departing on Amtrak westbound (toward Chicago), please contact HCCEP Program before purchasing tickets.

If traveling by bus, plane, or train, we need a legible copy of the tickets/itinerary.

Shuttle Service – Cost is \$10 per person, payable at time of pick up.

Please make shuttle reservations on my behalf for my departure. ☐ Yes ☐ No

You can pay online at. www.rit.edu/ntid/outreach/payments/hccep

RIT assumes no liability associated with these transportation arrangement and participant or guardian agrees to release RIT from any resulting liability, claims or less arising from use of the shuttle service.

Student Name: _____ Parent/Guardian Name: _____

Student Signature: _____ Parent/Guardian Signature: _____

Health and Insurance Information (page 1 of 2)

(to be completed by Parent/Guardian)

Student's Name: _____

HEALTH INFORMATION

Does the student have any food/medication/other allergies? If so, please list.

Does the student have any mobility or vision difficulties? If so, please explain.

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

Explain any treatment the student has received currently or in the past for their physical, mental, or emotional health.

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

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

Is there anything else we should know about the student or any other special needs the student may have? (i.e. Mental Health)

IN CASE OF EMERGENCY

First contact name: _____

Relationship: _____

Day phone: (____) _____ Night phone: (____) _____

Second contact name: _____

Relationship: _____

Day phone: (____) _____ Night phone: (____) _____

Health and Insurance Information (page 2 of 2)

HEALTH INSURANCE INFORMATION

☐ My child has health insurance **(PLEASE INCLUDE A PHOTOCOPY OF INSURANCE CARD – FRONT AND BACK.)**

Name of insurance carrier: _____

Policy or group number: _____

Name of policy owner (insured): _____

I assume full responsibility for payment of medical expense that are not covered by my insurance and are incurred as a result of my child's participation in the Health Care Careers Exploration Program.

Parent/Guardian signature: _____ Date: _____

☐ My child does not have health insurance.

I assume full responsibility for payment of medical expenses incurred as a result of my child's participation in the Health Care Careers Exploration Program.

Parent/Guardian signature: _____ Date: _____

HEALTH INFORMATION AUTHORIZATION

HIPAA Statement and Medical and Health Insurance Information:

Any authorization you provide to Health Care Careers Exploration Program and RIT regarding the use and disclosure of your child's medical and health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your child's medical and/or health information for the reasons you describe. Please note that Health Care Careers Exploration Program is required to retain and maintain records of your child's care until **September 30, 2024**.

I give permission for Health Care Careers Exploration Program. staff and employees of Rochester Institute of Technology to use and/or disclose protected health and medical information about my child's medical or other health conditions in order to carry out necessary treatment.

Student's name (please print): _____

Student's signature: _____ Date: _____

Parent/guardian's name (please print): _____

Parent/guardian's signature: _____ Date: _____

What Do I Need to Bring?

Name: _____

All items below are a must for your comfort and well-being!

Clothing Items

- Jeans
- Rain Resistant Jacket
- Shorts
- Sneakers
- Socks
- Sweatshirts
- T-Shirts
- Underwear
- Walking Shoes

Toiletries Items

- Band-Aids
- Blow Dryer
- Body Soap
- Brush/Comb
- Feminine Products
- Shampoo/Conditioner
- Sunscreen/Lotion
- Toothbrush
- Toothpaste

- Spending money for campus bookstore, snacks or laundry.
- If you bring prescription drugs (Rx), please make sure the medicines are in their original containers and place them in a quart-sized labeled zipper plastic bag and give them to our Program Medical Director when you arrive. The medication is not to be kept with you.
- Pillow and sleeping bags or extra-long sheets and blankets. If you forget to bring these, there will be a charge to rent them. For students who are flying and/or traveling from afar, we can provide linen. This includes:
 - Blankets
 - Body Towel(s)
 - Flat and Fitted Sheets (Extra-Long) or Sleeping Bag
 - Hand Towel(s)
 - Pillow
 - Pillowcase(s)
 - Washcloth(s)

If you prepay online, the fee will be \$46.00. If you choose to pay the day of arrival, the fee will be \$50.00.

Please check the appropriate box below:

- ☐ I will be bringing my own linen and/or sleeping bag.
- ☐ I would like to rent linen for use during the program.
- ☐ I would like to rent linen for use during the program. My vocational rehabilitation agency has verified they will pay the \$46.00

You can pay for linen by:

- ☐ Paying with cash (\$50.00) upon arrival to the program.
- ☐ Paying online by going to rit.edu/ntid/outreach/payments/hccep

Financial Assistance Form (page 1 of 2)

Name: _____

Program Fee: The fee for the 6 day Health Care Careers Exploration Program is \$850 and includes all expenses.

Payment Options: HCCEP payment will be paid by (Please check all that apply)

- ☐ I am interested in a scholarship. (Please fill out the information below.)
- ☐ I will seek private or public agency support. (Please fill out the information on the bottom of the page.)
- ☐ I will seek financial assistance from Vocational Rehabilitation. (Please fill out the information on the next page.)

Scholarship Information (Must be submitted by June 30, 2025)

1. A limited number of scholarships are available, so please apply as soon as possible. All students who wish to be considered for a scholarship must submit a copy of their parents' or guardians' 2024 tax form. The tax form is required before any scholarship assistance can be considered or granted.
2. If you have not already submitted your most recent high school transcript (showing grades since 9th grade), and unaided audiogram, please include one with this scholarship application.
3. Briefly state why you are applying for a scholarship and how much financial assistance you will require. You may continue on a second sheet of paper if you need more room to write. (Please print clearly)

☐ How much would you or your family be able to contribute to the cost of attending the program? _____

☐ Do you need financial support for transportation? _____

Private or Public Agency Support Amount to be paid \$ _____

☐ School ☐ Community Civic Groups (i.e. Lion's Club, etc.) ☐ Other _____
(If multiple agencies are paying, please provide additional contact information on a separate paper.)

Name of supporting organization, agency, charity, or fraternal group: _____

Name of contact person: _____

Billing address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone: (_____) _____ ☐ Voice ☐ VP

Email address: _____ Fax: (_____) _____

Authorized Signature: _____ Date: _____

Financial Assistance Form (page 2 of 2)

Vocational Rehabilitation

Your local VR office may be able to provide you with a number of state-supported resources related to employment options for people with disabilities. Some states provide funding for programs such as HCCEP and other services for deaf or hard-of-hearing students starting out on their career search. If you have not done so, now is the time to make the connection with your local VR office. For a list of VR offices in the U.S., visit: rit.edu/ntid/tuition/state-by-state-vr

Please have a parent or guardian sign here if you are receiving Vocational Rehabilitation (VR) funding.

HCCEP staff will compile career evaluation information for you based on your attendance at the HCCEP program. VR requires this information if they are financially supporting your participation. Your parent's or guardian's signature gives us permission to release this information about you to your VR counselor.

Signature of Parent/Guardian: _____ Date: _____

If VR will be sponsoring you, please have the VR counselor provide the following information.

VR counselor's name: _____

Name of VR office: _____

Address of VR office: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ ☐ Voice ☐ VP

Email address: _____ Fax: (_____) _____

The office of VR Agency agrees to pay:

- ☐ Program Fee (\$850.00)
- ☐ Linens (\$46.00)
- ☐ Shuttle (\$10.00 each way)
- ☐ Airfare

VR Counselor's Signature: _____ Date: _____

After you complete the parts of this form that pertain to you, please fax to (585) 475-2696, or email us at NTIDOutreach@rit.edu.

If you have questions, contact us at:

- (585) 475-6700 (voice)
- (585) 286-4555 (videophone)
- (585) 448-9651 (text/FaceTime)
- or toll-free in the U.S. and Canada at 1-(866) 644-6843 (voice)
- or by email at NTIDOutreach@rit.edu