

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

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 wilful 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 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 ("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 Releasees, excepting those Claims arising from the gross negligence or wilful misconduct of the Releasees.

3. Indemnification. I agree, to the fullest extent permitted by law, to indemnify, defend, 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.

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 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.

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.

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.

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.

Name of Parent or Guardian (printed)

Signature

Date

Name of Participant (printed)

Signature

Date

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

ACTIVITY DETAIL FORM

Name of Activity: Pre-Employment Transition Services (PreETS) Week

Date(s) of Activity: June 21-26, 2026

Location of Activity: Illinois State University in Normal, IL

Description of Activity:

Here is a general list of activities for the Pre-ETS program.

- general classroom learning activities in labs, machine shops, and facility tours
- volleyball
- bowling
- amusement park
- movie
- 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 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 of 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 Illinois State University residence halls regardless of participant's age or circumstances.

Attendance: RIT/NTID Illinois Program participants must attend all program activities.

Driving: RIT/NTID Illinois 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 the use, possession, sale, manufacturing, or trafficking of illegal drugs on Illinois State University 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 throwing objects out the window, is prohibited. Persistent inappropriate behavior and/or infractions of these rules will lead to possible dismissal from RIT/NTID Illinois 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/Meal Cards: Participants who are issued a room key, meal card and/or linen are responsible for returning all items at check out.

There may be up to a \$125 charge for any key or meal card not returned to Housing Operations.

Leaving Campus: RIT/NTID Illinois 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 Illinois 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 Hall: RIT/NTID Illinois Program participants 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 main-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 McLean, smoking is prohibited in all Illinois State University housing and academic areas.

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

Vandalism: Attempted or actual damage to or alteration of RIT/NTID or Illinois State University 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 is strictly prohibited under the age of 21 regardless of federal, state, and local laws!**

Tiger Lab

Normal, IL— June 21 – 26, 2026

Electronic Devices

Dear parents/guardians:

RIT/NTID strives to ensure that your children have a high-quality immersive experience while with us at RIT/NTID Youth Programs. To help ensure this, electronic device(s) are prohibited during RIT/NTID Youth Programs. We see many benefits of “unplugging,” including:

- Loss, stolen, or damage to device(s)s minimized.
- Cyberbullying, inappropriate video posts avoided.
- Encourages students to develop/grow their social skills, independence, resilience, and problem-solving skills, as well as fostering friendships.

Please review our policy with your child. We look forward to having your child with us.
RIT/NTID Youth Programs

POLICY

There is an electronic device policy for all RIT/NTID Youth Programs.

As we understand students need to keep their electronic device(s) to and from the program (especially those who are traveling by plane, bus, or train without a parent/guardian), **we will collect the students’ electronic device(s) during the first day of RIT/NTID Youth Programs at registration and return their device(s) on the final day of the program.** If a student needs to use the internet, telephone, or a videophone to check the status of their travel arrangements, we will arrange for this. Please respect the rules and work with RIT/NTID Youth Programs by communicating this message at home before the student leaves for the program.

However, for the duration of the program, students are not permitted to possess an electronic device(s) or any other electronic device(s) for any reason on campus. In case of an emergency, students may use department-provided communication devices (i.e. program mobile device). Apple/Google Pay is not allowed, so please consider bringing cash or alternate payment cards.

Any student who violates this policy may face disciplinary action, ranging from a warning to, in severe cases, removal from program. The program director will determine the appropriate consequence based on the nature and frequency of the violation.

NOTE: If an electronic device(s) 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 you have any concerns, you can contact us at NTIDoutreach@rit.edu or by calling (585) 286-4555 or texting (585) 448-9651. By signing this document, you agree to abide by the electronic device(s) policy of RIT/NTID Youth Programs.

Student Signature

Date

Parent/Guardian Signature, if under 18

Date

MEDICAL FORM (To be completed by Physician)

Student Name: _____

Address: _____

Date of Birth (MM/DD/YYYY): _____ M / F (Please circle one)

MEDICAL HISTORY
IMMUNIZATION HISTORY

The New York State Department of Health requires a complete immunization history for each student enrolled in the any of RIT's overnight summer youth program. This information must be completed by the student's physician or nurse practitioner. We also ask that the Program Coordinator be notified if the student has been exposed to any communicable diseases in the three weeks prior to the start of the program.

The student cannot be enrolled until we have this information on file.

DTaP (Diphtheria, Tetanus & Pertussis)	1st	2nd	3rd	4th	5th
dP (Hemophilus Influenza Type B)	1st	2nd	3rd	4th	Booster
HB (Hepatitis B)	1st	2nd	3rd	4th	
Polio (Inactivated Oral)	1st	2nd	3rd	4th	
MMR (Measles, Mumps, Rubella)	1st	2nd			
Varicella (Chicken pox)	1st	2nd			
Tdap (Tetanus, diphtheria, pertussis)	1st	Booster	TB Mantoux (Tuberculin skin test) Test given? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Any over-the-counter medications must be prescribed by a doctor with the camper's full name, date of birth and a valid expiration date not to expire before the start of the program and in the original container. Examples of over-the-counter medications include, but are not limited to, Tylenol, Advil, Benadryl, Midol and Tums.

All medications must be in their original vial, and must be accompanied by a patient-specific written order from a licensed prescriber. Pharmacy labeling is NOT sufficient.

Medications will not be accepted if they are in pill boxes, Ziploc baggies, etc.

MEDICATION NAME	MEDICAL CONDITION	DOSE	START DATE	END DATE	TIME (am/pm) or with Meal

List any activity restrictions:

I verify that all immunizations and medications are current for the above named student.

Name of Doctor or Nurse Practitioner _____

Doctor's Address _____

Doctor's Phone Number
(REQUIRED)
Doctor's Signature _____ **Date** _____
(REQUIRED)

MEDICAL FORM (To be completed by parents)

Student Name: _____

Address: _____

Date of Birth (MM/DD/YYYY): _____ M / F (Please circle one)

MEDICAL HISTORY

Please indicate the childhood illnesses the student has had and complete the information about the student's current physical condition. If the student has not had that illness or disease, please check the "NO" box.

CHILDHOOD ILLNESSES	Yes	No	Date	CURRENT PHYSICAL CONDITIONS	Yes	No
Chicken Pox				Asthma		
German Measles				Bleeding/Clotting Disorder		
Measles				Cancer		
Mumps				Convulsions/Seizures		
				Diabetes		
				Frequent Ear Infections		
ALLERGIES				Heart Defect/Disease		
Hay Fever				High Blood Pressure		
Insect Sting Reaction				Kidney Disease		
Penicillin				Lung Disease		
Poison Ivy, Poison Oak, etc.				Vision Impairment		

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. Roommate)

IN CASE OF EMERGENCY

First contact name: _____

Relationship: _____

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

Second contact name: _____

Relationship: _____

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

☐ I give permission for the camp medical director to administer medication as dictated by prescription.

Parent/Guardian Name (please print) _____ Date _____

Parent/Guardian Signature _____ Date _____

Insurance Information Form

HEALTH INSURANCE INFORMATION

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

Name of insurance carrier: _____

Policy or group number: _____

Insurance phone 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 RIT/NTID Youth Programs.

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 RIT/NTID Youth Programs.

Parent/Guardian Signature: _____ Date: _____

HEALTH INFORMATION AUTHORIZATION

HIPAA Statement and Medical and Health Insurance Information:

Any authorization you provide to RIT/NTID Youth Programs 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 RIT/NTID Youth Programs is required to retain and maintain records of your child's care until two months after the program concludes.

I give permission for RIT/NTID Youth Programs 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 Name (print): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Financial Assistance Form

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 Pre-Employment Transition Services Program 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. **NOTE- VR counselor must fill out, sign this form, and return to our office.**

Pre-Employment Transition Services Program staff will compile career evaluation information for you based on your attendance at the 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 (\$3,250)

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) 743-4555 (videophone)
- (585) 448-9651 (text/FaceTime)
- or toll-free in the U.S. and Canada at 1-(866) 644-6843 (voice)
- or by e-mail at NTIDOutreach@rit.edu

Transportation Plan

You are responsible for arranging transportation to and from the program. **Please indicate below how you will arrive on campus on Sunday, June 21, 2026, and depart on Friday, June 26, 2026.**

Arrival (Arrival date and time must be on Sunday, June 21st (between 1 and 3 p.m.)

How are you arriving?

Automobile (Driver's Name: _____)

Train Bus Plane: Bloomington Airport (BMI)

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

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

Departure (Departure date and time must be no later than 11:00 a.m. on Friday, June 26th

How are you departing?

Automobile (Driver's Name: _____)

Train Bus Plane: Bloomington Airport (BMI)

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

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

Do you need financial travel assistance? ☐ Yes ☐ No

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

Student Name: _____ Parent/Guardian Name: _____

Student Signature: _____ Parent/Guardian Signature: _____