## IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY

# College of Engineering and Iowa Alpha Chapter of Tau Beta Pi - Building the Future Youth Program

# Participation Agreement, Parental Permission Agreement, Assumption of Risk and Release of Liability and Emergency Medical Information

**PLEASE READ THIS AGREEMENT CAREFULLY**. This Agreement must be read and signed by every participant as well as the parent or guardian of each participant under 18 years of age. It is a legal contract and affects any rights you/your child may have if your child is injured or otherwise suffers damages while participating in the **Building the Future** youth program.

## **PROGRAM DESCRIPTION**

The College of Engineering and Iowa Alpha Chapter of Tau Beta Pi Engineering Honor Society K-12 Educational Outreach Program at Iowa State University is hosting Building the Future youth program for middle and high school students who are interested in experiencing handson engineering activities. This event will be held on Iowa State University campus on November 15, 2016. Activities are based around a scenario of a tornado hitting a small town and what engineers can do to help. Students perform 4 different activities all specially designed to introduce them to various types of engineering. The concluding session focuses on what students learned about from what engineers do within their professions. Teachers and chaperones from respective schools are responsible for supervising students at all times.

# PARTICIPANT INFORMATION

Participant's Name	Participant's Age	
Permanent Address	Date of Birth	
City, State, Zip	Home Phone	

# TRANSPORTATION

My child will be provided transportation from the \_\_\_\_\_\_ school district.

Other transportation arrangement (Explain):

## **IMAGE/VOICE PERMISSION**

Photographs or video/audio recordings may be taken of your child during Building the Future activities. Unless you request otherwise, this Participation Agreement will be considered permission for Iowa State University and Building the Future staff to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using the image or voice or your child in this manner, please notify the Building the Future leaders, in writing, upon submission of this Agreement.

# BEHAVIOR EXPECTATIONS OF THE PARTICIPANT (TO BE READ AND SIGNED BY PARTICIPANT)

It is important to follow the directions of the program leader(s) at all times. I understand that, as a participant, I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

**Participant Signature** 

Date

### **MEDICAL EMERGENCY CONTACT INFORMATION**

Person to Contact:

Name	
Relation to Particip	ant
Daytime Phone (	)
Evening Phone (	)

#### **MEDICAL EMERGENCY PARENTAL PERMISSION**

I understand that my child must be healthy and reasonably fit in order to safely participate in Building the Future activities. My child or I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely. If an injury or other medical condition occurs or arises, I hereby give permission to the College of Engineering/Tau Beta Pi staff to provide routine first aid and seek emergency treatment including X-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible to the attending physicians or health care unit. In the event of an emergency where the Emergency Contact listed above cannot be reached, I give permission to the physician/hospital selected by the College of Engineering/Tau Beta Pi staff to secure and administer treatment for my child, including hospitalization.

#### INSURANCE INFORMATION: ISU does not provide health insurance for participants in this event/activity.

Yes The above-named participant is covered by health insurance. If yes, please provide the following information for use in the event that treatment is necessary.

□ No If no, initial this line stating that you do not have health insurance and are aware that Iowa State University does not carry any health insurance for you. \_\_\_\_\_

# ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)

Date

## Parent/Guardian Name (please print)

### Signature of Parent or Guardian

This agreement needs to be received by the "Building the Future" program leaders upon check-in the day of the event or may be scanned and e-mailed to <u>tbp-projects@iastate.edu</u>