

NC STATE

College of Education
Friday Institute
for Educational Innovation



LIABILITY WAIVER, ASSUMPTION OF THE RISK, PHOTO & MEDIA RELEASE, AND INDEMNIFICATION AGREEMENT

In consideration for NC State allowing my minor child to participate in the **2024 NC-MSEN Pre-College Program Summer Scholars**, (hereinafter “Program”), I, for myself and on behalf of the minor child below listed (“Minor”), agree as follows:

I affirm and acknowledge that the Minor is participating in the Program for his/her own personal benefit. I understand that the Minor will participate in recreational and other activities as part of the Program, and that such activities have inherent dangers and physical risks. I understand and acknowledge that the inherent dangers and physical risks involved in these activities are such that no amount of care, caution, instruction or expertise can eliminate them. These dangers and risks include, but are not limited to, loss of or damage to personal property, strains, sprains, bruises, heat exhaustion, and other personal injuries, or even death, that could result from tripping, falling, contact with other individuals, and equipment failure, among other causes.

I assume responsibility for all risks, known and unknown, involving the Minor’s participation in the aforementioned activities, and I voluntarily authorize his/her participation in reliance upon my own judgment and knowledge of the Minor’s experience and capabilities.

I represent that I am the parent or legal guardian of the Minor and I have authority to enter this Agreement. I also represent that the Minor is in proper physical and other condition to participate in the Program. I understand that it is my sole responsibility to determine whether the Minor is sufficiently fit and healthy enough to participate in the Program, and if necessary, I will consult with the Minor’s physician for appropriate guidance.

I give permission to any doctor, hospital, or other medical facility to release confidentially to the treating physician(s) for the Minor any information they may have concerning his/her medical condition and their professional contact with him/her for treatment purposes. I hereby grant my permission for such diagnostic, therapeutic, and operative procedures as deemed necessary for the Minor. I further understand that treatment for any medical problems the Minor may suffer is my responsibility and will be paid by me and/or covered by my insurance. A photocopy of this permission is to be considered valid as the original.

On behalf of myself and the Minor, I hereby agree to indemnify and hold harmless NC State University and its trustees, officers, directors, employees and agents (the “Released Parties”) from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys’ fees, arising from, resulting from, or relating in any way to the Minor’s participation in the Program. I further agree that if, despite this Agreement, the Minor, or anyone on the Minor’s behalf, makes a claim against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from

any liabilities which may be incurred as a result of such claim.

I understand that the Minor and I are required to be familiar with and abide by the Program's rules and regulations, including any safety regulations established for the benefit of all participants. I accept sole responsibility for the conduct and actions of the Minor while s/he is participating in the Program.

I agree to allow NC State, the Intuitive Foundation, Lenovo, or their agents to photograph or record the Minor during the Program. I further agree that the Minor's image or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including posting on the Internet. I agree that the use described herein may be without compensation to me or the Minor. I waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with the printed matter now or in the future. I expressly release NC State, the Intuitive Foundation, Lenovo, their agents, employees, licensees and assigns from any and all claims which I or the Minor may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Name of Minor: _____

Name of Program the Minor is attending: 2024 NC-MSEN Pre-College Program Summer Scholars



Parental Expectations

The NC-MSEN Pre-College Program at NCSU believes in creating a safe and nurturing environment for all participants in our program. To ensure the safety and wellness of every child, we ask parents and guardians to adhere to the following expectations:

Daily Health Monitoring: We strongly encourage parents and guardians to monitor their children daily at home for signs of any infectious illnesses, including COVID-19.

Keep Sick Children at Home: Parents and caregivers are expected to keep participants with signs or symptoms of infectious illness at home and seek medical care as necessary.

Timely Pick-Up: Parents/guardians must return to campus to pick up their child as soon as possible if they are asked to do so due to illness or behavioral concerns.

No-Refund Policy: Any participant sent home for illness or behavioral concerns is not entitled to a refund.

Drop-Off and Pick-Up Procedures: Participants may be dropped off during the designated check-in time. Parents/guardians must sign their children in at drop-off and sign them out at pick-up. Participants may not leave during the program without a parent/guardian’s signature. Participants who drive themselves will be required to sign in upon arrival and sign-out at the end of the program. The participants may not leave during the program unless authorized by both the parent/guardian and the program leadership.

Open Communication: Feel free to contact the program director and/or the NC State University Office of Youth Programs and Compliance with any questions or concerns.

Your cooperation and adherence to these expectations help us maintain a safe and healthy environment for all participants. We appreciate your partnership in ensuring the well-being of your child and the entire NC-MSEN Pre-College Program.

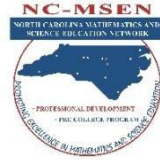
If you have any questions or need further clarification on these expectations, please don't hesitate to contact us. Together, we can provide a positive and enriching experience for your child.

PARENT/LEGAL GUARDIAN AGREEMENT

I understand that my child and I must abide by the Program and Parent expectations. I understand that dismissed participants will not be eligible for a refund of any fees or expenses.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name _____ Date _____



NC State University welcomes youth to participate in a wide range of activities, programs, camps and events offered by various academic or administrative units operated on or off campus. Serving the community and state through youth programming is integral to our mission and tradition of service as a land-grant institution. NC State University is committed to supporting a safe environment for minors on campus as well as the employees and volunteers who host them. Before participating in a program or activity, please review these Participant Behavioral Expectations. This form must be signed by both the participant and a parent/legal guardian. In the event that a participant must be removed from the program due to a violation of the Participant Behavioral Expectations, it is expected that a parent or guardian will promptly pick up the participant. No refund will be issued under such circumstances.

Participant Behavioral Expectations

I understand that my attitude and behavior play a pivotal role in the success of our program experience. To ensure the well-being and satisfaction of the entire program community, I willingly agree to adhere to the following commitments.

Respect for People and Places I commit to being considerate and sensitive to the needs of all fellow program participants and facilitators. I will extend this respect to the staff, recognizing their role in ensuring that all students adhere to the program rules for the safety and well-being of everyone involved. I will ensure that I follow instructions and directions given to me by the program.

Respect for Equipment and Spaces: I will take care of the equipment and materials provided to me and actively participate in keeping our spaces neat and tidy. I will respect property and not use items for destructive purposes. I accept financial responsibility for any loss or damage.

Punctuality and Full Participation: I am committed to being punctual for all program activities, meals, sessions, and other scheduled events. Additionally, I pledge to be an active participant and attend activities as outlined for my time at the program.

Safety and Accountability: I will keep my counselors informed of my whereabouts at all times and understand that receiving visitors or leaving without prior approval is not permitted. Furthermore, I acknowledge that I do not have free rein on NC State's campus and will adhere to staff instructions regarding my whereabouts. I will adhere to all safety protocols as stated by the Program staff.

Personal Responsibility: I will take responsibility for my personal belongings and will not hold NC State University responsible for any loss or damage to my possessions.

Appropriate Dress: I will ensure that I dress appropriately for program activities, respecting the expectations and dress code set forth for a professional and safe program environment.

Social Media Boundaries: I understand that my counselors, instructors, and other staff members are not permitted to connect with me on social media platforms such as X, Facebook, Instagram, TikTok, Snapchat, Discord, online gaming or any other form of social media. Additionally, I will not take pictures of participants or post them without their permission.

Curfew: If I attend an overnight program, I will be respectful of the quiet hours, keep noise to a minimal level as a courtesy to other residents, and I will not enter a room or building that I am not assigned to. I will remain in my assigned room after lights out.

Responsible Device Usage: I will not use earbuds, headphones, laptops, or handheld devices during program sessions or presentations without prior permission from program staff.

Wheeled Items: I will not ride skateboards, scooters, roller blades, bikes, hoverboards, longboards, etc. during the program without prior permission from program staff.

Camper Sickness: I acknowledge that if I feel unwell before the program, I will stay home. If I begin feeling unwell during the program, I will alert program staff.

Program Expectations: I acknowledge that there are consequences if I do not meet program expectations. This can include but isn't limited to staff giving a verbal or written warning, a corrective action plan, or immediate suspension or termination. Incidents may be documented and reviewed by appropriate leadership.

Zero Tolerance for Inappropriate Behavior: I acknowledge that any form of physical, emotional or verbal abuse, harassment, inappropriate or intimate contact, or violent behavior will not be tolerated. I will not use language or behave in a manner that is obscene, violent, or racially or sexually inappropriate. These actions may result in immediate consequences, including but not limited to, expulsion from the program without any possibility of a refund.

Consequences of Major Offenses: In the event of my misconduct, I understand that the staff will engage in discussions with my parents or guardian, as well as the administration of NC State University, to address and resolve the issue. I am aware that major offenses, including but not limited to bullying, harassing or using derogatory language towards another person or group of people, absences or failure to meet agreed upon program requirements, violation of a University code, policy, or regulation, recording or sharing program related information outside the scope of the program, the use of tobacco products, illegal drugs, illicit materials, alcohol, and/or weapons as defined in N.C. Gen. Stat. §14-269.2 may result in immediate consequences, including but not limited to, expulsion from the program and may also involve potential legal consequences.

Financial Responsibility for Misconduct: If I am sent home early from a program due to any form of misconduct, I understand that any associated expenses will be the responsibility of myself and/or my parent(s) or guardian(s).

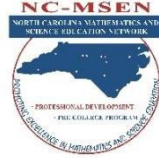
Promoting Safety: I pledge to promptly report any instances of unsafe or inappropriate behavior to my counselors or lead staff members.

PARTICIPANT AGREEMENT: I understand and agree to abide by the program's behavioral expectations and/or the above-stated responsibilities during my time participating in the program.

Participant Signature _____ Date _____

PARENT/LEGAL GUARDIAN AGREEMENT: I understand that my child must abide by the program's behavioral expectations. I understand that dismissed participants will not be eligible for a refund.

Parent/Legal Guardian Signature _____ Date _____



EMERGENCY CONTACT INFORMATION

The information required below is needed in the event of an emergency. Print legibly.

Participant Full Name: _____

Emergency Contact 1: Full Name: _____

Relationship: _____

Home Address: _____

Email Address: _____

Home/Cell Phone #: _____ Work Phone #: _____

Can the participant be released to this individual? Yes or No (circle one)

Emergency Contact 2: Full Name: _____

Relationship: _____

Home Address: _____

Email Address: _____

Home/Cell Phone #: _____ Work Phone #: _____

Can the participant be released to this individual? Yes or No (circle one)

Emergency Contact 3: Full Name: _____

Relationship: _____

Home Address: _____

Email Address: _____

Home/Cell Phone #: _____ Work Phone #: _____

Can the participant be released to this individual? Yes or No (circle one)

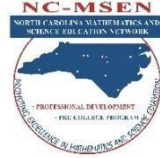
To be completed by Parent or Guardian:

I _____ (print name) authorize the contacts above to pick up the participant listed above if indicated by circling "yes".

Signature _____ Date _____

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INSURANCE AND MEDICAL INFORMATION

List medications or medical conditions below including all allergies. NC State staff cannot administer medication. Medication is not allowed to be shared.

Student Name: _____ Birth date: ____ / ____ / ____

Medications (include name, doses and frequency): _____

Allergies: _____

Medical Conditions or Concerns: _____

Dietary Restrictions: _____

Insurance Information

I am covered by hospital insurance: ____ Yes ____ No

Name of Insurance Company: _____

Policy or Certificate Number: _____

Name of Parent/Guardian (if applicable): _____

Name of Doctor: _____ Phone Number: _____

This is to certify that I the undersigned parent/guardian hereby consent and grant permission, should the necessity arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified physician and including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination, or other hospital services. Consent is hereby granted to the attending physician(s), and/or clinics to release necessary medical information to our local doctors and for use in claims for insurance coverage.

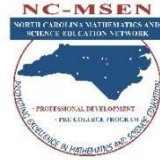
AUTHORIZING SIGNATURES

Parent/Guardian Signature

Date

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VEHICLE RELEASE

I do hereby give my child, _____ (print full name)
permission to be a passenger in vehicles driven by North Carolina State University employees or
volunteers associated with this program.

Parent/Guardian Signature

Date