

eAOP | Early Academic
Outreach Program

SENIOR 2018 SUMMIT

August 1 - August 3

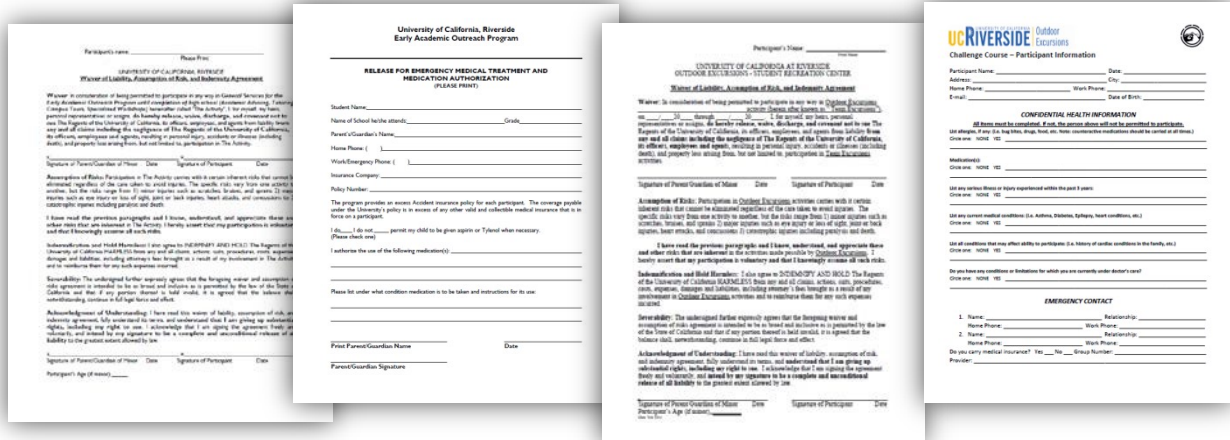
"Senior Summit was very well put together.
If I had the chance to do this program again,
I'd do it in a heartbeat."

-Joseph T. Norte Vista High School

STUDENT PACKET &
MANDATORY FORMS

INSTRUCTIONS FOR COMPLETING REGISTRATION

1. Print out the Waiver of Liability, Medical Release Form, Outdoor Excursions Waiver of Liability, and Participant Information Sheet attached to this document
2. Fill out the forms completely with necessary information and signatures:



3. Return the (4) Mandatory Forms to the EAOP office **no later than** Friday, June 22nd, 2018

Via Email

Scan completed documents or take a clear picture of each page of the forms with a cellphone and then send to: eaop@ucr.edu

OR

Via Mail

Early Academic Outreach Program
 Attn: Esmeralda Trejo
 III Computing & Communications Building
 900 University Ave
 Riverside, CA 9252

UNIVERSITY OF CALIFORNIA, RIVERSIDE

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

EAOP Senior Summit
(Wednesday, August 1, 2018 – Friday, August 3, 2018)

Waiver: In consideration of being permitted to participate in any way in **Senior Summit 2018** hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor Date

Signature of Participant Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date

Signature of Participant Date

Participant's Age (if minor) _____

**PROGRAMA DE RECURSOS ACADÉMICOS AVANZADOS DISPONIBLES EN LA COMUNIDAD
(EAOP)**

Renuncia de Responsabilidad, Asunción de Riesgo, y Acuerdo de Indemnización

EAOP Senior Summit

(Miércoles, Agosto 1, 2018 – Viernes, Agosto 3, 2018)

Renuncia: A cambio de que se me permita participar en cualquier capacidad en la actividad **Senior Summit 2018**, yo, en mi nombre y en el de mis herederos, representantes o designados personales, por la presente relevo, renuncio, eximo, y acepto no demandar a los miembros de la Junta de Regentes de la Universidad de California, sus funcionarios, empleados y representantes de responsabilidad de todo reclamo, incluyendo la negligencia de los miembros de la Junta de Regentes de la Universidad de California, sus funcionarios, empleados y representantes, resultante de lesión, accidentes o enfermedades (inclusive la muerte) y pérdida de propiedad originada por, pero no limitada a, la participación en la actividad.

_____	_____	_____	_____
Firma del padre o tutor del menor	Fecha	Firma del adulto participante	Fecha

Asunción de Riesgos: La participación en la actividad con lleva ciertos riesgos propios de tales proyectos y actividades que no pueden ser eliminados a pesar del cuidado que se tome para evitar lesiones o daños. Los riesgos específicos varían de una a otra actividad, pero los riesgos pueden incluir: 1) lesiones menores tales como rasguños, magulladuras y torceduras; 2) lesiones mayores como lesiones a los ojos o pérdida de la vista, lesiones a coyunturas o a la espalda, ataques al corazón y contusión cerebral; 3) lesiones catastróficas, inclusive parálisis y muerte.

He leído los párrafos anteriores y se, comprendo y me doy cuenta de éstos y otros riesgos que son inherentes de la actividad **Senior Summit 2018**. Por lo presente afirmo que mi participación es voluntaria y que asumo, a sabiendas, todos los riesgos.

Indemnización y eliminación de responsabilidad: También estoy de acuerdo en INDEMNIZAR Y EXONERAR DE TODA RESPONSABILIDAD a los miembros de la Junta de Regentes de la Universidad de California de cualquier y toda reclamación, acción, demanda, procedimiento, costo, gasto, daño y responsabilidad, inclusive los honorarios de abogados resultantes de mi participación en la actividad y de reembolsar estos costos en caso de incurrir tales gastos.

Derechos y obligaciones: El firmante además está de acuerdo específicamente con el hecho que la renuncia y el acuerdo de asunción de riesgos firmados en la presente se proponen ser tan amplios e inclusivos como permite la ley del estado de California y, que si cualquier parte de ellos se determina nula, se está de acuerdo en que el resto, sin embargo, mantendrá toda su fuerza y efecto.

Reconocimiento de entendimiento: He leído esta Renuncia de responsabilidad, asunción de riesgos y acuerdo de indemnización y entiendo por completo las condiciones y entiendo que estoy renunciando a derechos substanciales, incluyendo mi derecho a entablar una demanda. Reconozco que firmo este acuerdo libre y voluntariamente, y con mi firma indico que ésta es una renuncia completa e incondicional de toda responsabilidad de la manera más amplia permitida por la ley.

_____	_____	_____	_____
Firma del padre o tutor del menor	Fecha	Firma del adulto participante	Fecha

Edad del participante (si es menor de 18 años) _____

**University of California, Riverside
Early Academic Outreach Program**

Senior Summit

Wednesday, August 1, 2018 – Friday, August 3, 2018

**RELEASE FOR EMERGENCY MEDICAL TREATMENT AND
MEDICATION AUTHORIZATION
(PLEASE PRINT)**

Student Name: _____

Name of School he/she attends: _____ Grade _____

Parent's/Guardian's Name: _____

Home Phone: () _____

Work/Emergency Phone: () _____

Insurance Company: _____

Policy Number: _____

The program provides an excess Accident insurance policy for each participant. The coverage payable under the University's policy is in excess of any other valid and collectible medical insurance that is in force on a participant.

I do___ I do not ___authorize the use of CPR for my child if necessary. (Please check one)

I do___ I do not ___permit my child to be given aspirin or Tylenol when necessary. (Please check one)

I authorize the use of the following medication(s): _____

Please list under what condition medication is to be taken and instructions for its use:

Print Parent/Guardian Name

Date

Parent/Guardian Signature



Proper Attire – Challenge Course

During your day with us, you may be able to spend time climbing, swinging from ropes, and playing in the grass. It is important that you dress appropriately. Clothing that may be scuffed up a little is a must. Below are some guidelines for you attire.

Clothing should be:

- Loose
- Comfortable
- Durable
- Long pants are preferred, but shorts are acceptable
- Suited for the weather
- Hats can help on hot days and keep the sun out of your eyes

Shoes must be:

- Low-heeled
- Comfortable for the aforementioned activities
- Close toed (no sandals)
- Suitable for all weather conditions (consider mud, rain, cold, etc.)
- Have laces (or Velcro to keep them secure)
- Any person not wearing shoes that meet these standards might not be allowed to participate

Glasses and Contact Lenses:

- Take any precautions normal to participating in outdoor activities to protect the eyes and eyewear.
- Wearing an eyeglass retaining strap will protect glasses.

Other Important Considerations:

- Jewelry, watches and non-prescription sunglasses are best left behind for the day, as they cannot be worn on the Challenge Course.
- Tobacco, gum, candy, and non-prescription drugs and medications are not allowed on the course or during other activities for safety reasons.
- Bring your own water bottle and sunscreen.
- Please have your health provider insurance information with you when you arrive at the courses in order to complete a confidential health information form.

If you have any further questions about your scheduled day with us, please feel free to contact us and we will be glad to clarify or answer any questions.



Challenge Course – Participant Information

Participant Name: _____ Date: _____
Address: _____ City: _____
Home Phone: _____ Work Phone: _____
E-mail: _____ Date of Birth: _____

CONFIDENTIAL HEALTH INFORMATION

All items must be completed. If not, the person above will not be permitted to participate.

List allergies, if any: (i.e. bug bites, drugs, food, etc. Note: counteractive medications should be carried at all times.)

Circle one: NONE YES _____

Medication(s):

Circle one: NONE YES _____

List any serious illness or injury experienced within the past 3 years:

Circle one: NONE YES _____

List any current medical conditions: (i.e. Asthma, Diabetes, Epilepsy, heart conditions, etc.)

Circle one: NONE YES _____

List all conditions that may affect ability to participate: (i.e. history of cardiac conditions in the family, etc.)

Circle one: NONE YES _____

Do you have any conditions or limitations for which you are currently under doctor's care?

Circle one: NONE YES _____

EMERGENCY CONTACT

1. Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____

2. Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____

Do you carry medical insurance? Yes ___ No ___ Group Number: _____

Provider: _____

Participant's Name: _____
Please Print

UNIVERSITY OF CALIFORNIA, _____
Riverside

_____ Team Excursions Course _____

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in

_____ Team Excursions Lows Only Event _____

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Signature of Participant Date

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