



# Nor Cal Campus Tours 2018

## Student Packet

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## Instructions for Completing Registration:

1. Print out the Waiver of Liability and Medical Release Form attached to this document (pages 5-7)
2. Fill out the forms completely with necessary information and signatures:

The image shows two forms side-by-side. The left form is titled 'UNIVERSITY OF CALIFORNIA, RIVERSIDE Waiver of Liability, Assumption of Risk, and Release Agreement'. It contains several paragraphs of text and signature lines for 'Parent/Guardian' and 'Participant'. The right form is titled 'University of California, Riverside Early Academic Outreach Program RELEASE FOR EMERGENCY MEDICAL TREATMENT AND MEDICATION AUTHORIZATION (PLEASE PRINT)'. It contains fields for 'Student Name', 'Parent's/Guardian's Name', 'Home Phone', 'Work/Emergency Phone', 'Insurance Company', 'Policy Number', and signature lines for 'Parent/Guardian' and 'Participant'. Arrows on both forms indicate where to enter information and sign.

Parent Information/Signatures     Student Information/Signatures

3. Return Completed Forms to the EAOP office **no later than 4:00 p.m on Friday, July 27th.**

### Via E-mail

Take a clear picture of each page of the forms  
and send as an attachment to  
**eaop@ucr.edu**

### Via Mail or Drop Off

Early Academic Outreach Program  
2100B Student Services Bldg.  
900 University Ave.  
Riverside, CA 92507

# NOR-CAL CAMPUS TOURS

3 DAYS – 4 UNIVERSITIES  
EXCLUSIVELY FOR PRE-COLLEGE SCHOLARS!

We would like to welcome you to our **Pre-College Scholars Northern California Campus Tours 2018!**

To prepare for the event, please read the information below carefully.

Friday, August 10 <sup>th</sup> – UC San Francisco	
4:00 am	Students Arrive for Check In
4:30 am	Depart from UC Riverside
11:30 am	Lunch at Subway
2:00 pm	Arrive at UC San Francisco
2:30 pm	Tour Campus and Cadaver Presentation
4:30 pm	Depart to Hotel in Concord/Walnut
6:30 pm	Arrive at Hotel in Concord/Walnut
7:00 pm	Dinner at Hotel
8:00 pm	Recreation Time
10:00 pm	Lights Out

Saturday, August 11 <sup>th</sup> – UC Berkeley & UC Davis	
6:00 am	Wake Up Call
6:45 am	Breakfast
7:45am	Depart for UC Davis
9:00 am	Arrive at UC Davis & Tour
10:30 am	Presentation
11:00 am	Lunch
12:30 pm	Depart to UC Berkeley
2:30 pm	Tour and Presentation
5:00 pm	Dinner
6:30pm	Depart to Modesto
9:00 pm	Arrive Hotel
11:00 pm	Lights Out

Sunday, August 12 <sup>th</sup> – UC Merced	
7:00 am	Wake Up Call
8:00 am	Breakfast
9:00 am	Depart for UC Merced
10:00 am	Arrive at UC Merced & Tour
10:30 am	Presentation
11:00 am	Lunch
12:00 pm	Depart to UC Riverside
3:00 pm	Restroom Break
3:30 pm	Depart to UC Riverside
6:30pm	Arrive at UC Riverside

## What To Bring

Water Bottle  
Snacks  
Comfortable Shoes  
Money for souvenirs  
Umbrella in the event of rain

## Check-In

Friday, August 10 at 5:30am.

## Electronic Devices

EAOP is not responsible for any lost or damaged personal property that students choose to bring.

If you have any questions, please contact the EAOP office at 951-827-4695 or at [eaop@ucr.edu](mailto:eaop@ucr.edu).

## Directions to UC Riverside

### From Los Angeles

**From the 91 Freeway:** Take CA-91 east to the CA-60 east. Exit at University Avenue and turn left. At the second light, take a right onto West Campus Drive.

**From the 10 Freeway:** Take the I-10 east to the I-15 south and then to CA-60 east. Exit at University Avenue and turn left. At the second light, take a right onto West Campus Drive.

**From the 60 Freeway:** Take the CA-60 east. Exit at University Avenue and turn left. At the second light, take a right onto West Campus Drive.

### From Ontario

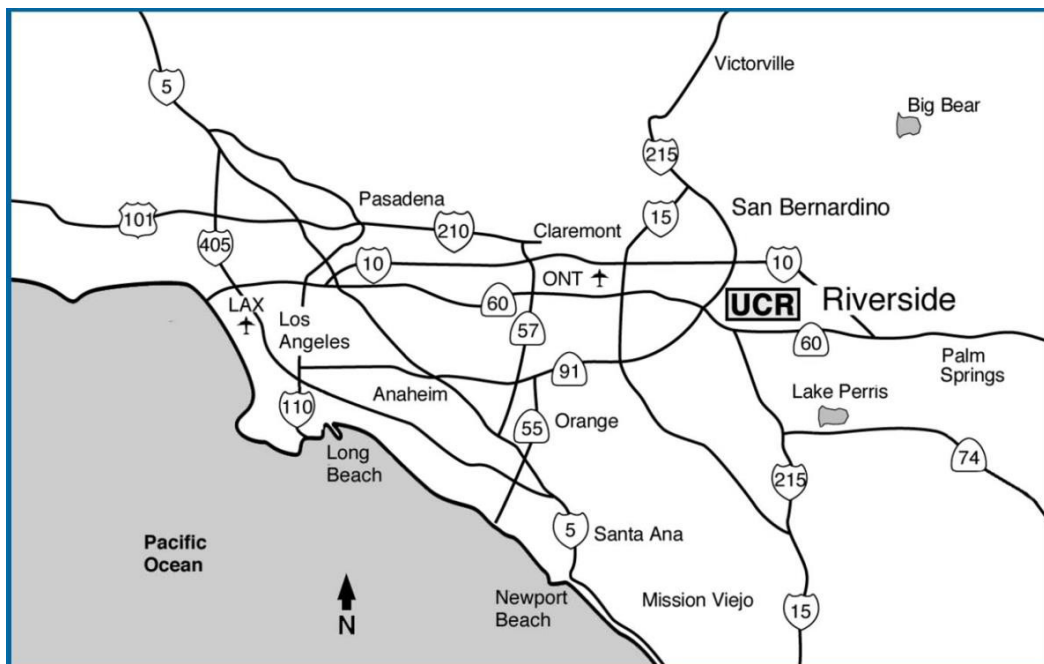
**From the 10 Freeway:** Take the I-10 east, to the I-15 south and then to the CA-60 east. Exit at University Avenue and turn left. At the second light, take a right onto West Campus Drive.

**From the 60 Freeway:** Take the CA-60 east. Exit at University Avenue and turn left. At the second light, take a right onto West Campus Drive.

### From San Bernardino

Take the I-215 south to the CA-60 east. Exit at University Avenue and turn left. At the second light, take a right onto West Campus Drive.

**Follow “Pre-College Scholar Campus Tours” directional signs to the drop off/pick up location.**



**Parking (EAOP discourages students from driving personal vehicles to event but if necessary, please note the following):**

- Daily parking permits are \$9 and available at the kiosk on West Campus Drive.
- **Kiosk Hours: Monday - Friday: 7:00AM - 8:00PM      Saturday: 7:00AM to 8:00PM      Sunday: CLOSED**
- To obtain a daily parking permit before kiosk's hours of operation, contact UC Riverside's Transportation & Parking Services (951.827.8277) to purchase and pick up permit the day before. Cars parked without a valid permit will be cited!

UNIVERSITY OF CALIFORNIA, RIVERSIDE  
**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Pre-College Scholar Northern California Campus Tour**

Friday, August 10 through Sunday, August 12, 2018  
UC Davis, UC San Francisco, UC Berkeley, and UC Merced

**Waiver:** In consideration of being permitted to participate in any way in **Pre-College Scholar Northern California Campus Tour** 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) \_\_\_\_\_

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**UNIVERSIDAD DE CALIFORNIA, RIVERSIDE**  
**PROGRAMA DE RECURSOS ACADEMICOS AVANZADOS DISPONIBLES EN LA COMUNIDAD (EAOP)**

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

**Pre-College Scholar Northern California Campus Tour**

Friday, August 10 through Sunday, August 12, 2018  
UC Davis, UC San Francisco, UC Berkeley, and UC Merced

**Renuncia:** A cambio de que se me permita participar en cualquier capacidad en la actividad 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
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**Asunción de Riesgos:** La participación en la actividad **EAOP Campus Tours** conlleva 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 **EAOP Campus Tours**. 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 **EAOP Campus Tours** 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
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Edad del participante (si es menor de 18 años) \_\_\_\_\_

**University of California, Riverside  
Pre-College Scholar Campus Tour 2018**

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**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 \_\_\_ 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**