

## Parent Release Form

I hereby grant permission for my child, \_\_\_\_\_, to participate in the UC Merced Summer Up Program and I acknowledge that at the present time, my child is in good physical health.

1. The following expenses will be covered by the Summer Up Program:

- a. Food
- b. School Supplies
- c. Course materials
- d. Transportation for field trips

2. I understand that my child will have adult supervision during the program, and I will encourage my child to cooperate with the summer program staff and to follow university rules and regulations; otherwise my child may be subject to dismissal from the program if he/she does not abide by these rules. If my child is dismissed from the program, I will be responsible for his/her transportation home.

3. If my child requests to leave the summer program for any non-emergency matter, I will be responsible for his/her transportation home. If I cannot provide transportation, my child must remain cooperatively in the program until such transportation can be arranged.

4. I agree that any photographs or videos taken by any UC Merced personnel of my child and or myself as a program participant shall be the property of UC Merced, and may be used by UC Merced, as its discretion, for any publicity, marketing and/or advertising purpose, and I hereby consent to and authorize such use without restriction.

### **EMERGENCY INFORMATION**

*Please provide us with the following information in case of an emergency.*

#### **Primary Contact**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency Day Phone: \_(\_\_\_\_\_)\_\_\_\_\_

Emergency Night Phone: \_(\_\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_  
Address City Zip Code

#### **Secondary Contact**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency Day Phone: \_(\_\_\_\_\_)\_\_\_\_\_

Emergency Night Phone: \_(\_\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_  
Address City Zip Code

**Child's Doctor:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Child's Dentist:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**MEDICAL RELEASE**

**Informed Consent for Emergency Treatment:** In the case of an emergency and if I cannot be reached, I authorize the staff of UC Merced to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees

**HEALTH INSURANCE CARRIER:** \_\_\_\_\_

**INSURED NAME:** \_\_\_\_\_

**GROUP OR POLICY #:** \_\_\_\_\_

Please advise us of any disability accommodations your child will need to assist us in providing the best experience for your child.

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please identify your child’s allergies including allergies to food, medications, and drug reactions:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

(     ) \_\_\_\_\_  
Home Phone

(     ) \_\_\_\_\_  
Work/Cell

# STUDENT PARTICIPANT CONTRACT

STUDENT'S NAME: \_\_\_\_\_

## 1. Completion of Agreement Form

-Participant agrees to complete this Agreement Form and return it to UC Merced's Transfer Initiative Program no later than April 30<sup>th</sup> by 5:00PM. Students are encouraged to upload this form in their online application. Students may also return this form to their high school counselor to be faxed to 209-228-4244.

## 2. Transportation

- Participants are REQUIRED to provide their own transportation to and from UC Merced for the Summer Up Program, unless prior arrangement has been made with the UC Merced Transfer Initiative Program.

- Summer Up begins June 30<sup>th</sup> at UC Merced (Specific room to be announced later)
- Summer Up ends August 8<sup>th</sup> at UC Merced
  - **Please note:** Summer Up is a hybrid program where students take an online math course at home or can arrange to use the computer lab at UC Merced. Students must also attend regular class meetings to meet with their teacher and teaching assistants. Students should anticipate attending class every day.

- Participants must complete the pre-diagnostic exam prior to starting the Summer Up Program. On the online application participants must have selected dates they could go to UC Merced to take the exam.

- **Please note:** Students are not graded. This diagnostic is meant to help the teacher structure the course to meet student needs.

## 3. Agreement to be on time

-Participants agree to arrive on time to all Summer Up program activities. Times and locations will be communicated and distributed to all participants prior to the start of the Summer Up program.

-Students are not allowed to be tardy more than 4 times during the entire program. Students with more than 4 tardies will be subject to dismissal from the program.

-Students are not allowed to miss more than 2 days of the Summer Up program. Students with more than 2 days of absence will be subject to dismissal from the program.

## 4. Obtaining Permission to Leave

-Due to the large number of participants in each program, it is essential we know where each participant is at all times; this is for the health, safety, and well being of all participants. In order for this to be accomplished, participants must make prior arrangement with the UC Transfer Initiative Program staff to leave any class, activity, workshop etc.

## 5. Unauthorized Participants, Visitors, and/or Guests

-Participants are not permitted to invite unauthorized participants, visitors and/or guests to the program.

## 6. Participant Conduct

-Participant agrees to follow the instructions and/or directions of the Summer Up staff and other UC staff, including stated program policies.

-Participant agrees to conduct themselves in a respectful manner at all times. It is also expected that

# STUDENT PARTICIPANT CONTRACT

the Participant conduct themselves with the utmost respect, tolerance, understanding and kindness towards all Summer Up Staff and other Participants. Any Participant who engages in behavior defined as misconduct will be asked to leave the program.

-Participant is expected to notify the Summer Up staff if they experience any problems, conflicts or difficulties with other Summer Up Participants or with anyone else. In addition, Participant is expected to notify the Summer Up staff if they witness any type of misconduct by another Participant.

-Participant agrees not to possess or consume alcoholic beverages or illegal substances for the duration of the program (even if age 21 or over).

-Participant agrees not to smoke in the residential halls or any of the UC Merced buildings. All UC Merced buildings and residential halls are designated as non-smoking areas. Participants will not be allowed to leave activities, workshops, classes etc. periodically to smoke.

## 7. Participation Agreement

-Participant will agree to fully partake in all activities, classes, workshops etc; this includes adding to discussions, asking questions, and intently listening to all speakers.

-Participants are expected to be well rested and ready to fully engage in all activities each morning. Sleeping is not allowed in any of the classes.

- Participants agree to read all materials given to them in class.

## 8. Personal Possessions

-Participant agrees to be responsible for any personal items brought to the program and to respect the personal possessions of all other Participants.

## 9. Update Information

-Participant agrees to update us on their contact information such as a change of mailing address, e-mail address, and/or phone number in any of this information changes during their progress to a four-year institution.

I \_\_\_\_\_ hereby agree to comply  
(Please Print Full Name)

with all the above statements and understand the consequences if I choose not to comply.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

Participant's name: \_\_\_\_\_  
Please Print

UNIVERSITY OF CALIFORNIA,

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

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

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