



Student2Student "Preparing for the Real World Conference"

Weber State University ■ 1122 University Circle ■ Ogden, UT 84408
Phone 801.626.7027 ■ Fax 801.626.8768

For Office Use Only
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____ Other
____ Date received
____ Date process.
____ Staff

Student Information:

Child's Name: _____

 Last First MI

Birth date: ___/___/___ Email address: _____ Student ID _____

Mailing Address: _____ Home Telephone: _____

 Street City State Zip Cell: _____

Email Address: _____

Gender: Male Female

Ethnicity: Please check one

Black/African American Asian Native American or Alaskan Native
 Pacific Islander Latino/Hispanic Caucasian Other

Name of School _____ Current grade enrolled _____ Cumulative Grade Point Average (GPA) _____

Mother/ Guardian Name _____ Father/Guardian Name _____

Is your child a U.S. citizen yes no

Has either parent or legal guardian graduated from a four-year college? Yes No

If so, which Parent? _____

Does any dependent receive (or would he/she qualify) for Free or Reduced Lunch or School Fee Waivers? Yes No
Student Release Form

I grant permission to WSU/S2S its representatives and employees to use any photographs submitted by myself of the like or of my property in connection with the above-identified subject. I authorize WSU/S2S, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

I agree that WSU/S2S may use such photographs of me, or my property, with or without my name and for any lawful purpose, including such purposes as publicity, marketing, illustrations, advertising, and Web content. Whether published or not, I agree that I am submitting this picture(s) without any expectation of reimbursement, monetary or otherwise, other than my entry into the said "Photo submission contest".

I hereby relinquish any right that I may have to examine or approve the completed product or products, or the advertising copy, printed material or Web content that may be used in conjunction therewith or the use to which it may be applied.

I hereby affirm that I am over the age of majority and have the right to contract in my own name. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assignees.

I have read, understand and accept the above statements.

yes no

I authorize WSU/S2S staff to obtain a routine and/or emergency medical services for my student during his/her entire stay at WSU. yes no

List below any necessary medications, accommodations, or other pertinent health or learning conditions the student may have.

- 1.
- 2.
- 3.

Does your student have a medical insurance plan? yes no

If yes: Name of Health Plan _____ Policy Holder _____

Group or Policy Number ID _____ Phone Number _____

I recognize that participation in Weber State University/ Student to Student Summer Summit Program may involve moderate to strenuous physical activity and may cause physical and/or emotional stress to participants. There may also be associated health risks. I state that the student is free from any known heart, respiratory or other health problems that could prevent the student from safely participating in any of the activities. _____ **Initial**

I certify that I have medical insurance or otherwise agree to be personally responsible for costs of any emergency or other medical care that the student receives. I agree to release State of Utah, Weber State University and their agencies, departments, officers, employees, agents, and all sponsors, officials and staff or volunteers from the cost of any medical care that the student receives as a result of participation in the camp. _____ **Initial**

I further agree to release the State of Utah, Weber State University/ Student to Student, their agencies departments, officers, employees, agents and all sponsors, staff or volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of student's participation in this Weber State University/ Student to Student Summer Summit Program. This release extends to any claim made by the parents or guardians or their assigns arising from or in any way connected to the aforementioned activities. _____ **Initial**

Consent

Consent, is expressively given, in the event of any injury, for any emergency aid, anesthesia, and/or operation, if in the opinion of the attending physician, such treatment is necessary. _____ **Initial**

I have carefully read and understand the contents of the forgoing language and I specifically intend it to cover student's participation in the above stated Weber State University/ Student to Student Summer Summit Program.

_____ **Initial**

I, for myself, my heirs, successors, executors and subrogors, hereby knowingly and intentionally, waive and release, indemnify and hold harmless the State of Utah, Weber State University (WSU)/ (S2S) Program and their staff, volunteers and other participants from and against all claims, actions, causes of actions, liabilities, suits and expenses arising directly or indirectly from my student participating in this program. Further, we agree not to sue the State of Utah or Weber State University, including individual employees and participants. _____ **Initial**

1. I will not possess weapons, combustible materials or consume any alcohol, tobacco or illegal drugs during the conference
2. I will not leave the location of the event (hospital, hotel, restaurant, group activity).
3. I will not use my own vehicle during the conference.
4. I will respect the Comfort Suites hotel and established time to be in rooms each evening.
5. I understand that all student participants must be present for both days of the conference
6. I understand that cell phones and other electronic devices must be turned off during instructional time.
7. I understand that unregistered guests are not allowed.
8. I understand that I am responsible for any damages to the dorm room that occurs beyond normal wear and tear and any need for repairs should be reported immediately.
9. I understand that I will not be able to participate in the event if I do not comply with all the above and any other guidelines communicated by the MYC staff.

yes _____ no _____ *(Please initial)* _____

Student Signature _____ Date ___/___/___

Parent or Guardian Signature _____ Date ___/___/___

**Additional Sponsorships include Citi Foundation and Utah Systems of Higher Education*

OFFICE USE:

Emergency Contact: _____ Student Initials: _____ Student Signature: _____ Parent/Guardian Signature: _____ Parent/Guardian Initials: _____
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