



1156 HIGH STREET  
SANTA CRUZ, CALIFORNIA 95064

## Science Impacting Society Program for Middle School Students

### Participant Commitment Form

I, \_\_\_\_\_, am voluntarily participating in the UCSC Science Impacting Society program. I understand that this program requires substantial commitment on my part. I understand it is of primary importance that I participate with the intention of making this a rewarding experience for others in the program as well as myself. Furthermore, I understand that I am expected to participate fully in the program, and I understand that UCSC reserve the right to release me from the program, before the program has been completed, in the event that UCSC has determined, in its sole discretion, that such release is in the program's best interest, or in my best interest.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Consent Form for Working in Potentially Hazardous Work Areas

Participant and Parent (if Participant is under 18, collectively "Participant") understand that he/she will be working in potentially hazardous work areas (e.g., laboratories, warehouses, shops) within UCSC.

Participant will be:

- provided necessary personal protective equipment;
- provided appropriate safety training\* **AND** direct supervision from trained staff;

### OR

- personally accompanied at all times by the designated University sponsor who is trained and knowledgeable of the area's potential hazards.

\* *Documented safety training will include:*

- *General safety (including emergency procedures & personal protective equipment)*
- *Site-specific safety training (i.e., chemical safety, radiation safety, blood borne pathogens)*

Participant is aware of and accepts the risks and dangers of entering hazardous work areas and working within hazardous work areas under the conditions stated above.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Medical Insurance and Information Form

## Medical Insurance

Is the student covered by medical/hospital insurance? Yes No

If so, list the policy/group number: \_\_\_\_\_

Carrier Name: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Relationship of Insured to Student: \_\_\_\_\_

## Medical Information

My child takes medications that would need to be administered in case of an emergency.  
(Please list)

Please list any allergies to medications, food, insect bites, etc, and indicate if your child carries an EpiPen for allergic reactions:

Please list any other special needs or medical issues that would be important for lab personnel to know about in case of an emergency:

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# SIS Internship Program

## Emergency Contact Information Form

Middle School Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email: \_\_\_\_\_

In Case of Emergency, Please Notify:

Primary Contact's Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email: \_\_\_\_\_

**AND/OR**

Second Contact's Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email: \_\_\_\_\_

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**UC Santa Cruz Science Impacting Society Internship Program  
PHOTOGRAPHIC RELEASE LETTER**

I hereby grant to the **UC Santa Cruz Science Impacting Society Internship Program** the right and permission, with respect to those photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed matter in connection therewith, to do the following:

1. To include such photographs in future **SIS** website and promotional materials.
2. To use my name, or the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless the **Science Impacting Society Internship Program** from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

\_\_\_\_\_  
Signature of Subject of Photograph

\_\_\_\_\_  
Printed Name and Address

I hereby certify that I am the [parent and/or guardian] of \_\_\_\_\_, a minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.

\_\_\_\_\_  
Signature of Parent or Guardian of Minor Subject  
of Photograph

\_\_\_\_\_  
Printed Name and Address

UNIVERSITY OF CALIFORNIA, Santa Cruz  
Science Impacting Society (SIS) for middle school students  
**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In consideration of being permitted to participate in any way in Laboratory tours (potentially hazardous), science demonstrations/activities and field trips 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 illness (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, procedure, 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 assumptions of risk agreement is intended to be as broad and inclusive as 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.

**(Sign on back)**

Signature of Parent/Guardian of Minor \_\_\_\_\_ Date \_\_\_\_\_  
Signature of participant \_\_\_\_\_ Date \_\_\_\_\_  
Participant's age \_\_\_\_\_