OVERNIGHT PARTICIPANT AGREEMENT

I, _______________________________ (student’s name), will be participating in the Advancing Women in Engineering Sleeping Bag Weekend on __________________ (date).

As a condition of my participation in this program, I agree to and understand the following:

I will abide by the rules and regulations of the program as explained to me by the program coordinator.
I will treat each person in the program with respect and courtesy.
I will respect University property and act responsibly on campus.
I understand that possession, use, consumption, or sale of alcohol or any drug (including cigarettes, but not including prescribed medication if used as prescribed) is strictly prohibited.
I understand the possession, use, handling, or sale of any type of weapon is strictly prohibited.

I have carefully read and understand this agreement. I have had the opportunity to ask any questions I may have about the program and the rules I am hereby agreeing to follow. I understand that if I fail to abide by any of the conditions in this agreement, I may be dismissed from the program immediately, my high school may be notified of my behavior, and I may be subject to appropriate disciplinary action.

Student Signature: _______________________________ Date: ________________

PARENT OR GUARDIAN PERMISSION

I have carefully read and understand the Overnight Participant Agreement. I hereby give permission for my son/daughter to participate in the Overnight Hosting Program and agree to release, indemnify, and hold harmless the University of Pennsylvania from and against any claim which I or my son/daughter or any other person(s) may have for any losses damages or injuries arising out of or in connection with my child’s participation in the program. It is agreed that my child’s participation in the program is adequate consideration.

Parent or Guardian Signature: _______________________________ Date: ________________
WAIVER AND RELEASE FORM

(PLEASE READ CAREFULLY)

In consideration for allowing my child to participate in the AWE Sleeping Bag Weekend, the sufficiency of which I hereby acknowledge, I voluntarily agree to assume any and all risks of personal or bodily injury or property damage which might result from my child’s participation and involvement in this program including any risks of travel to and from project locations off campus. I understand that participation in the program involves certain risks, including risk of serious injury, illness or economic loss.

I acknowledge and agree that my child’s participation in this program is completely voluntary.

I understand that I am solely responsible for my child’s safety. Further, I agree to remise, release and forever discharge the Trustees of the University of Pennsylvania, its successors, assigns, agents, officers, employees and students from and against all claims, demands, losses or damages of whatever kind that may result from my child’s participation in the program. I also agree that the University is not responsible for obtaining any health, accident, disability, or any form of insurance that may be required.

I further grant the University of Pennsylvania the right to take, copyright and use, re-use, publish and republish (both in printed form and electronically) photographs of my child participating in Sleeping Bag Weekend. I understand that participants will not be identified by name in such photographs without further explicit permission in writing.

I have read and understand the terms of this Waiver and Release and, by my signature below, affirm that I am signing this waiver and release voluntarily.

___________________________________  ___________________________________
Participant Name                      Parent/Legal Guardian Name

___________________________________  ___________________________________
Participant Signature                 Parent/Legal Guardian Signature

___________________________________  ___________________________________
Date Signed                           Date Signed
Emergency Contact Information

Print Participant’s Name: __________________________________________________
(First, Middle, Last/Surname)

Participant’s Birthdate: ___________________________________________________

Two emergency contacts and 24/7 contact information is required:

1. Name: ________________________________________________________________
   Relationship to Participant: _____________________________________________
   Phone # Day: Area Code ( ) ____________________________________________
   Phone # Evening: Area Code ( ) _________________________________________
   Cell: Area Code ( ) __________________________________________________
   Permanent address: ____________________________________________________
   E-mail address: _______________________________________________________

2. Name: ________________________________________________________________
   Relationship to Participant: _____________________________________________
   Phone # Day: Area Code ( ) ____________________________________________
   Phone # Evening: Area Code ( ) _________________________________________
   Cell: Area Code ( ) __________________________________________________
   Permanent address: ____________________________________________________
   Email address: ________________________________________________________