In return for being permitted to participate in the **Girls in Engineering, Math, and Science Camp** during the summer months of 2015 at the University of Pennsylvania and understanding that there are certain risks in connection with such activity, and intending to be legally bound hereby, the undersigned, for himself/herself, assigns and legal representatives, hereby expressly agrees to:

1. Release, waive, discharge and agree not to sue the Trustees of the University of Pennsylvania and all its successors, assigns, affiliates, officers, directors, employees and agents ("Penn") from all manner of actions and causes of action, suits, debts, accounts, judgments, claims and demands whatsoever in law or equity, and attorney's fees, including all claims arising out of any incidents involving personal injury in any way by reason of participation in the Program;

2. Assume any and all risks arising from her participation in the voluntary activity named above, including without limitation, the risks of bodily injury or property damage, the unavailability of emergency medical care or the negligent or the deliberate act of another person.

3. Indemnify, defend and hold the Trustees of the University of Pennsylvania, its directors, officers, employees and agents harmless from any and all claims, causes of action, damages, judgments, costs or expenses that arise out of or relate to the negligent or intentional act or omission of the undersigned.

Each of the undersigned expressly acknowledges that he/she has read and understands this Agreement and Release and signs it freely and voluntarily.

______________________________  ______________________________________
Name of Participant *(please print)*  Signature of Participant

______________________________  ______________________________________
Name of Parent/Legal Guardian *(please print)*  Signature of Parent/Legal Guardian

______________________________
Date
PARENT PERMISSION FORM FOR MINOR PARTICIPANTS—GEMS

My daughter, __________________________, is participating in the Girls in Engineering, Math, and Science Camp summer program at the University of Pennsylvania from July 27 to July 31, 2015.

I have carefully read, understand and have signed the Summer Program Participant Agreement. I also have carefully read and understand the terms of this permission form and have had the opportunity to ask any questions I may have.

I hereby give my permission for my son/daughter to participate in the program, and any and all of its activities, 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 may have for any losses, damages or injuries arising out of or in connection with my child's participation in the summer program. It is agreed that my child's participation is adequate consideration.

I understand that photographs, video recordings or audio recordings may be taken of me during my participation in GEMS by employees, students, or agents of the Trustees of the University of Pennsylvania and shall be used in connection with the University of Pennsylvania's dissemination of information by its academic and public service programs to the general public. I authorize the University of Pennsylvania to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, for purposes of publicizing University of Pennsylvania programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written copy, wherein my likeness appears.

Student Signature: _______________________________________ Date: __________________

Parent (or Guardian) Signature: _____________________________ Date: _________________

*A minor is any participant under 18 years of age.*
Authorization for Medical Treatment of a Minor

I hereby authorize representatives of the PennGEMS program at the University of Pennsylvania to consent to emergency treatment for the Participant named below, including securing a medical evaluation and any treatment necessary to preserve life and bodily function unless exceptions are noted below.

This authorization shall remain in effect as long as Participant is participating in the program. Exceptions: (if none, write “none”)

________________________________________________________________________

Participant is allergic to the following medications: ______________________________

Other medical conditions that you wish for those providing treatment to be aware of:

________________________________________________________________________

Name of Participant’s physician: _____________________________________________

Name of Participant: ______________________________________

Signature of Parent or Guardian: _____________________________ Date: __________

Print Name: _______________________________

***** ***** ***** ****** ***** ****** ***** ****** ****** ***** ****** ***** *****

Insurance Information

Is Participant covered by a health insurance plan? yes_____ no_____**

If yes, what insurance plan?
Name of insurance company ____________________________________

Policy or plan number(s) __________________________________________

(*Please provide ALL numbers and/or codes to identify your plan or policy and attach a photocopy of your membership card or policy document to this form.)

Name of subscriber to policy or plan ______________________________

Relationship to Participant ______________________________________

Name of Participant ___________________________________________

**All participants must have health coverage
Program 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:_______________________________________________________
SUMMER PROGRAM PARTICIPANT AGREEMENT

I, __________________________, am a participant in the following summer program at the University of Pennsylvania:

PennGEAMS: Girls in Engineering, Math and Science

The dates of this program are: July 27 - July 31, 2015

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

1. I will abide by the rules and regulations of the program as explained to me by the program supervisors.

2. I will attend program activities as required.

3. I will treat each person in the program with respect and courtesy. Abusive language is strictly forbidden. Bullying, hazing, threatening behavior, and harassing conduct are also strictly forbidden.

4. I will respect University property and act responsibly on campus. I understand that I am responsible for any damage that I may cause to any property of the University.

5. I understand that all sexual activity is absolutely forbidden and will not be tolerated.

6. I understand that the possession, use, consumption, or sale of any drug (including cigarettes and alcohol, but not including prescribed medication if used as prescribed) is strictly prohibited and a criminal act under United States law.

7. I understand the possession, use, handling, or sale of any type of weapon is strictly prohibited. I understand that I must immediately notify my program director or security liaison should I become aware of another student having possession of a weapon.

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 or that I may be subject to other appropriate disciplinary action.

Student Signature: __________________________ Date: ____________

Parent/Guardian Signature: __________________________ Date: ____________
PennGEMS
Credit Card Authorization Form

Participant Name _______________________________________________________________

Last    First    Middle

I HEREBY AUTHORIZE THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA TO BILL MY CREDIT CARD ACCOUNT

CREDIT CARD TYPE

☐ VISA
☐ MASTERCARD
☐ AMERICAN EXPRESS
☐ DISCOVER

Name as it appears on card _______________________________________________________

Account Number ___________________________ Expiration Date__________________

Signature ___________________________________ Expiration Date__________________

For verification purposes, card holder can be reached at:

Phone_______________________________________________________________________

E-mail_______________________________________________________________________

---

To be completed by Camp Staff

<table>
<thead>
<tr>
<th>Charge Amount</th>
<th>$625</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Member</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Additional Notes:</td>
<td>Payment for PennGEMS</td>
</tr>
</tbody>
</table>
Personal Information Data Sheet

Name of Participant:______________________________________________________________

Parent or Guardian Name __________________________________________________

At the end of each class, who will pick up your child?____________________________

Phone number of person who will pick up your child_____________________________

Date of birth of your child____________________________________________________

Does your child suffer from any food or other allergies?   YES    NO

If yes, please specify allergies _________________________________________________

Is there anything else we should know about your child? __________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

______________________________________  __________________________
Signature of Parent or Guardian of Participant                    Date

Printed Name of Parent of Guardian