Stephen F. Austin State University
College of Sciences and Mathematics
STEM Research and Learning Center

STEM OUTREACH EVENT

Name of Event _____ **Date** _____

Your child is invited to attend this STEM event which will be held at SFA. Students will be involved with fun, investigative learning that will give them a chance to explore subjects and careers in Science, Technology, Engineering and Mathematics (STEM).

STUDENT INFORMATION (please print clearly)

Student's Name: _____
                (First)   (Last)   (Preferred Nickname)

Address: _____

City: _____   Zip Code: _____

School Name: _____   Grade: _____

School District (ISD): _____

Male or Female: _____   T-Shirt Size: _____

PARENT/GUARDIAN INFORMATION (please print clearly)

Name: _____
      (First)   (Last)

Email Address: _____

Home/Work Phone: _____   Cell Phone: _____

Alternate Contact: _____   Phone: _____

IN CASE OF EMERGENCY (please print clearly)

Preferred Doctor: _____   Phone: _____

Preferred Hospital: _____

Allergies: _____

PICTURE/VIDEO PERMISSION

I authorize and give SFA and all persons or entities through whom SFA is acting, permission and the right to take, publish, edit, reproduce, distribute and other similar activity my likeness and/or voice regardless of the medium used. I understand that this may be used for any lawful purpose to include artistic works, promotional or advertising efforts, publicity or recruitment and by signing this document I expressly authorize such use. I agree that any reproduction of my likeness and/or voice becomes the exclusive property of SFA. I understand and agree that I shall not be notified when any reproduction of my likeness and/or voice, regardless of form, is used, nor will I be given the opportunity to view or approve of the reproduction prior to its publication. I further understand and agree that there will be no remuneration or compensation provided for any use of my likeness and/or voice, and I hereby waive any rights to royalties or other compensation arising from any use of my likeness and/or voice by the University.

SURVEY PERMISSION

In order to evaluate this STEM Center event for future improvement, SFA will survey all student participants to gain his/her impression of the STEM experience. By signing this document I agree to participate in a pre and post survey of the STEM experience. Participants will be surveyed at the beginning and the end of the Academy. All data will be reported anonymously and will be used for research only. This data may be reported in presentations at scientific meetings and/or educational research publications.

STEPHEN F. AUSTIN STATE UNIVERSITY
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1.   In consideration for participating in the_____, scheduled on _____, _____ and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Stephen F. Austin State University, the Board of Regents, the State of Texas, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.

2.   To the best of my knowledge, I can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

3.   I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

4.   It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.

5.   I UNDERSTAND THAT THE UNIVERSITY WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH AN INJURY I MAY SUSTAIN.

6.   I further agree to become familiar with the rules and regulations of the University concerning student conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.

7.   I also understand that I should and am urged by SFA to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the activity or the transportation to and from said activity.

8.   I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ANY DAMAGE I CAUSE TO THE FACILITIES.

      IN SIGNING THIS FORM, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Picture/Video Permission, Survey Permission, and Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

      IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____, 201__.

_____   _____
Student Signature   Date

_____   _____
Parent/Guardian Signature   Date