**EXXONMOBIL BERNARD HARRIS SUMMER SCIENCE CAMP**

**STUDENT APPLICATION FORM 2010**

**FLORIDA A&M UNIVERSITY, June 13-26, 2010 DATES**

**CAMP THEME: DIRTY ENERGY-DIRTY WATER ….. CLEAN ENERGY- CLEAN WATER**

**I can make the difference……Yes I can! And Yes I will!**

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**Camp Information:**

The ExxonMobil Bernard Harris Summer Science Camp (EMBHSSC) is organized to provide activities, experiments, projects, and field experiences for students entering 6th, 7th, or 8th grade in the fall of 2010. The camp promotes science, technology, engineering, mathematics education and supports historically underserved and underrepresented students with limited opportunities. Students attend the camp free of charge. Students currently in grade 5, 6, or 7 who have an interest in science and mathematics and at least a B average in science and mathematics are eligible.

The EMBHSSC is a two-week, academic, residential camp that emphasizes increasing students’ mathematics and science skills while introducing them to college life and stimulating their interest in science and engineering as a potential career path. Each day, campers will attend classes that include problem solving, research and communication skills incorporated with biology, chemistry, physics, environmental sciences, earth sciences, engineering and design concepts, and field excursions. Certified classroom teachers and university faculty will teach the classes.

The camp will be held on the main campus of Florida A&M University 1601 Martin Luther King Blvd. Tallahassee, Florida 32307. Students will be housed in a dormitory on the FAMU main campus.

Camp participants will be selected from Florida and Georgia.

**Application Process:**

- Parent/Guardian and student complete the attached student application form.
- Student writes a 250-word essay.
- Parent/Guardian or student gives a recommendation form to your child’s current science teacher and current mathematics teacher.
- Parent/Guardian or student gives the request for records to your child school registrar.
- Parent/Guardian complete and sign the Famu Medical And Travel Liability Waiver Forms.

Please send ALL of the above requested documents to: Dr. Decatur B. Rogers

FAMU-FSU College of Engineering
2525 Pottsdamer Street, Office B-112B
Tallahassee, Florida 32310

The Student Application Form, records and recommendations are due by the deadline date, June 1, 2010. If all requested documents are not received together by the deadline date, the application will not be considered. Selections for the summer camp will be made by June 3, 2010. You will receive written notification on the status of the application no later than June 6, 2010.

If you have questions or need additional information, call Dr. Decatur B. Rogers 850-410-6369

**ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED**
The ExxonMobil Bernard Harris Summer Science Camp (EMBHSSC) Program

Bernard Harris Summer Science Camp Purpose

The EMBHSSC seeks to encourage mathematics and science education, motivate youth to stay in school, foster youth leadership and citizenship, as well as install the values of responsibility, fairness and respect.

The two week residential camp experience for 48 promising middle level is based upon the following guiding principles:

- Student centered
- Practical, real world experiences and connections
- Team-oriented, collaborative learning
- Decision-making and critical thinking skills
- Building self-confidence

The EMBHSSC will offer a student-centered program in a multi-age setting that will require students to use their creative and critical thinking skills to further their own understanding of the universe.

The EMBHSSC will involve students in exploring solutions to real-world questions and issues through team-oriented, collaborative learning and the use of technology.

The EMBHSSC will foster a commitment to excellence, demanding great things not only from students, but also from instructors, counselors and others involved in the camp.

The EMBHSSC will create a culture and atmosphere of fun for the students through team-oriented, collaborative learning activities designed to increase decision-making, communication and critical thinking skills.

Bernard Harris Summer Science Camp Selection Criteria

Student participants in the EMBHSSC are selected based on the following criteria:

- Members of a traditionally underserved and underrepresented population;
- GPA of at least “B” overall and in mathematics and science;
- Score at the median to superior level in standardized mathematics and science tests;
- Student written 250 word essay;
- Are interested in mathematics and science;
- Are recommended by their current mathematics and science teachers; and
- Entering 6th, 7th, or 8th grade in the fall of 2010, with: 8 females and 8 males in each grade level as shown below.

<table>
<thead>
<tr>
<th>GRADES</th>
<th>FEMALES</th>
<th>MALES</th>
<th>TOTAL</th>
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<tr>
<td>6th</td>
<td>8</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>7th</td>
<td>8</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>8th</td>
<td>8</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>TOTAL</td>
<td>24</td>
<td>24</td>
<td>48</td>
</tr>
</tbody>
</table>
WHAT SHOULD YOU BRING TO THE BERNARD HARRIS SUMMER SCIENCE CAMP?
Bring your creativity; you will be required to write creatively. Bring your discipline; you must adhere to all University rules and regulations. You are required to attend and participate in all scheduled activities. Bring your artistic talents and your musical instruments; you will have an opportunity to share your artistic talents. You will need to bring a pillow, towels, wash cloths and bed linen. You must also bring a scientific calculator, notebook, engineering paper, proof of medical insurance, and proof of measles shot, pen/pencil, 4GB Jump Drive and copy of your social security card. Bring your Bible, we will have Bible study. However, NO ONE IS REQUIRED TO ATTEND BIBLE STUDY. Please bring cleaning supplies.

Bring a $58.00 dormitory room and key deposit, which is required. The deposit will be returned at the end of the program, providing there is no damage to the room and the key is returned at the end of the program. Please make a check or money order payable to Florida A&M University Foundation for Bernard Harris Summer Science Camp and bring it with you to the Orientation. CASH WILL NOT BE ACCEPTED. No room will be assigned to you until the deposit has been submitted. You will be charged $25.00 each time you are locked out of your room and $58.00 if you lose your key.

HOW MUCH MONEY WILL I NEED?
All housing and dining expenses will be paid for you. However, you may wish to purchase items from the FAMU Bookstore or field excursion to the NASA Challenger Learning Center. Please do not bring more than $20.00.

WHAT TYPE OF CLOTHES SHOULD I BRING?
Dress for classes,- blue jeans and tennis shoes are acceptable, SHORTS ARE UNACCEPTABLE! Dress for field excursions to the FAMU Black Archives, NASA Challenger Center, Science Fair, Oratorical Contest and the Awards Program - on these occasions, blue jeans, shorts and tennis shoes are NOT ACCEPTABLE.

Under no circumstances are the following to be worn to any Bernard Harris Summer Science Camp activity: sagging pants, doo-rags, short shorts, miniskirts, undershirts, halter-tops, tank-tops, half-shirts, flip-flops and/or slippers. Walking shorts and sandals may be worn during free time and/or during recreation activities. The weather in Tallahassee is hot and humid in the summer; clothes should be light.

The ExxonMobil Bernard Harris Summer Science Camp (EMBHSSC) Program Dates

WEEK ONE (1) PROGRAM DATES: June 13, 14, 15, 16, 17, 18, 2010

- PROGRAM BREAK: 6:00 P.M. Friday June 18th - to - 6:00 P.M. Sunday June 20th
  - Student picked-up: 6:00 P.M. Friday June 18th
- NO CLASSES: Saturday June 19th
  - Student return: 6:00 P.M. Sunday June 20th

WEEK TWO (2) PROGRAM DATES: June 20, 21, 22, 23, 24, 25, 26, 2010

EMBHSSC KEY ACTIVITIES:
- ORIENTATION: Sunday June 13th - 11:00 A.M. in Perry Paige Auditorium.
- CAMP VISIT: BY Dr. Bernard Harris Tuesday June 22nd
- SCIENCE FAIR: Thursday June 24th- 6:00 P.M. in Perry Paige Auditorium.
- ORATORICAL CONTEST: Friday June 25th - 6:00 P.M. in Perry Paige Auditorium.
- CLOSING CEREMONY: Saturday June 26th - 11:00 A.M. in Perry Paige Auditorium.
EXXONMOBIL BERNARD HARRIS SUMMER SCIENCE CAMP  
FLORIDA A&M UNIVERSITY  
STUDENT APPLICATION FORM 2010  
APPLICATION DEADLINE IS June 1, 2010

Please print in blue or black ink or type

Name of Student: __________________________________________________________

Home Address: __________________________________________________________

City __________________________________ State _____________________ Zip Code ______________

Ethnicity: ___________________ Date of Birth (month/date/year): ______________

Gender (check one): Female__ Male:_____

Adult T-Shirt Size: __________________________

Name of School student is currently attending: _________________________________

Current Grade level _________ School District/Parish: __________________________

Name of School student will be attending during the 2010-2011 academic year:

________________________________________________________________________

School District/Parish: _____________________________________________________

Courses Taken during the 2009-2010 academic year:

Mathematics: ______________________ Science: _____________________________

Courses Enrolled or plan to enroll in for the 2010-2011 academic year:

Mathematics: ______________________ Science:_____________________________
Name of Student: ________________________________

Please list school organizations, any science and/or mathematics activities (Science Fair, Math Club, after school programs, summer programs, etc.) you have participated in 2008, 2009 and/or 2010. Include awards received and offices held. You may attach a separate sheet, if needed.

_______________________________________________________________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________________________________________________________

Please list any community activities and/or community groups that you have been a part of.

_______________________________________________________________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________________________________________________________

Please list any other activity or achievement that you would like to share with the selection committee.

_______________________________________________________________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________________________________________________________

A student-written essay must be included with this application. The student essay is to be typed or neatly hand written. If typed, use Arial, Helvetica, or Times New Roman and a font size of 12 points. The essay should not exceed 250 words. In your essay tell the selection committee why you are interested in attending the 2010 ExxonMobil Bernard Harris Summer Science Camp at FLORIDA A&M UNIVERSITY. Include in your essay what you hope to gain from this experience and how you think it will help you in the future. Be sure to write your name, current grade level, school and school district at the top of your essay.

______________________________________________________________________________       ________________

Signature of Student                                            Date
Name of Student: ____________________________________________

Parent/Guardian Information

Instructions: Please complete the following information for at least one custodial parent or guardian, both, if available.

Name of Female Parent or Guardian: ____________________________________________

Daytime Phone No.: _______________ Home Phone No.: _______________

Cell Phone No.: __________________________

E-mail Address: ____________________________________________

__________________________  ____________________
Signature of Female Parent or Guardian  Date

Name of Male Parent or Guardian: ____________________________________________

Daytime Phone No.: _______________ Home Phone No.: _______________

Cell Phone No.: __________________________

E-mail Address: ____________________________________________

__________________________  ____________________
Signature of Male Parent or Guardian  Date
REQUEST FOR RECORDS - Your child should give this form to the registrar at his/her school. A Parent or Guardian must sign this request so that the registrar can release the records.

Dear Registrar:
Please forward a copy of official records for this student (grades and standardized test scores) and this form to:
   Dr. Decatur B. Rogers
   FAMU-FSU College of Engineering
   2525 Potsdamer Street, Office B-112B
   Tallahassee, Florida 32310

The records should include a copy of the most recent grades/report card and standardized test scores. This form should accompany the records.

Name of Student (please print)
__________________________________________

Student ID Number
__________________________________________

School
__________________________________________

Grade                    Date of Birth
__________________________________________

Homeroom Teacher
__________________________________________

In addition to a copy of the official records, please check one of the following, if applicable.

_______ Free Lunch   _____ Reduced Lunch

Signature of Student
__________________________________________

I hereby grant permission to the release of the information that this form is requested on my child.

Signature of Parent or Guardian            Date
__________________________________________

7
Recommendation from Current SCIENCE Teacher
For a Student applying for
The ExxonMobil Bernard Harris Summer Science Camp (EMBHSSC) 2010 at
Florida A&M University

Name of Teacher ____________________________________________

Directions to teacher:
The student who has given you this form is applying to attend the EMBHSSC this summer. You have taught this student, so you can tell if she/he is a good candidate for this two-week residential program. **Please complete the chart below and write a letter of recommendation for this student. When you finish, put this form and letter of recommendation into an envelope, seal it, and write your name across the sealed flap, so that your comments will be private.** Please return the sealed envelope to the student **as soon as possible** or mail to:

Dr. Decatur B. Rogers
FAMU-FSU College of Engineering
2525 Pottsdamer Street, Office B-112B
Tallahassee, Florida 32310

The letter of recommendation must be received by the deadline date of June 1, 2010.

Name of student ____________________________________________

Course taken with this teacher: Subject __________________________ Year 2009-2010

Please put an X in the appropriate column for each of the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very much</th>
<th>Often</th>
<th>Some-times</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>This student was eager to learn.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This student cared about other students.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This student was late to class.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This student skipped classes.</td>
<td></td>
<td></td>
<td></td>
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<td>This student turned in homework and projects on time.</td>
<td></td>
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<tr>
<td>This student volunteered to help other students.</td>
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<tr>
<td>This student was an asset to the class.</td>
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</table>

**Circle** the best answer to the following question:

11. Would you like to teach this student in another class?

Yes, definitely  Maybe  Definitely not

On the back of this sheet please write additional comments about the student. Your comments will be especially useful in the selection process. Or if you prefer, you can include all of your comments in the letter of recommendation. Thank you.
Recommendation from Current Mathematics Teacher
For a Student applying for
The ExxonMobil Bernard Harris Summer Science Camp (EMBHSSC) 2010 at
Florida A&M University

Name of Teacher ____________________________________________

Directions to teacher:
The student who has given you this form is applying to attend the EMBHSSC this summer. You have taught this student, so you can tell if she/he is a good candidate for this two-week residential program. Please complete the chart below and write a letter of recommendation for this student. When you finish, put this form and letter of recommendation into an envelope, seal it, and write your name across the sealed flap, so that your comments will be private. Please return the sealed envelope to the student as soon as possible or mail to Dr. Decatur B. Rogers
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2525 Pottsdamer Street, Office B-112B
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Name of student ____________________________________________

Course taken with this teacher: Subject __________________________ Year 2009-2010

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11. Would you like to teach this student in another class?

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<th>Maybe</th>
<th>Definitely Not</th>
</tr>
</thead>
</table>

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Thank you.
FLORIDA A&M UNIVERSITY
The ExxonMobil Bernard Harris Summer Science Camp
LIABILITY WAIVER FORM

The undersigned, as parent or legal guardian of ____________________________
gives consent for the above named student to participate in all Bernard Harris Summer
Science Camp (EMBHSSC) activities, **including all field excursions**.

In the event that medical treatment is required, the undersigned parent or guardian
consents to finance any all payments for medical treatment, which may be deemed
advisable by a qualified physician selected by any agent or official of Florida A&M
University.

I hereby release and hold harmless Florida A&M University, its employees and agents
from action arising from the EMBHSSC.

**EMERGENCY CONTACT INFORMATION: (Other than parents or legal guardian)**

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Home Telephone Number</th>
<th>Business Telephone Number</th>
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<table>
<thead>
<tr>
<th>Other Night Time Contact Number</th>
<th>Other Day Time Contact Number</th>
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Signature of Parent or Legal Guardian

Parent Name (Print or Type)

<table>
<thead>
<tr>
<th>Home Telephone Number</th>
<th>Business Telephone Number</th>
</tr>
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<th>Other Day Time Contact Number</th>
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<td></td>
</tr>
</tbody>
</table>

Date
FLORIDA A&M UNIVERSITY
THE EXXONMOBIL BERNARD HARRIS SUMMER SCIENCE CAMP

THINGS STUDENTS MUST NOT DO:

1. Do not eat or drink in classrooms or laboratories.
2. Do not wear shorts.
3. Do not smoke on FAMU’s campus.
4. Do not sit on tables, laboratory benches, the backs of chairs, write on desk, etc.
5. Do not touch any models, equipment, or chemicals when in laboratories, unless specifically directed by your instructor.
6. Do not wear caps or hats in the buildings.
7. Do not crowd in food lines, fight, throw paper, and run in hallways or display similar rowdy behavior.
8. Do not curse or use profane language on campus.
9. Do not wear clothing that displays obscene language.
10. Do not write profane/obscene language on walls or chalkboards.
11. Do not separate from the main group on field excursions unless given permission.
12. Do not turn cell phones on in class and/or laboratory.

**FIGHTING WILL CAUSE AN AUTOMATIC DISMISSAL REGARDLESS OF FAULT.**
**LEAVING CAMPUS AND NOT ATTENDING SCHEDULED ACTIVITIES WILL CAUSE AN AUTOMATIC DISMISSAL.**

THINGS STUDENTS MUST DO:

1. Respect yourself and others.
2. Come to class on time.
3. Attend all activities planned for you.
4. Keep the noise down while changing classes so as not to disturb others who are working.
5. Clean and straighten up after yourself before leaving a classroom or laboratory. Specifically, be sure all moveable chairs are back under the desks, all trash is thrown in waste paper baskets, chalkboards are erased, and everything in the classroom or laboratory is clean before leaving.
6. Turn cell phone off when enter class and/or laboratory.

NOTE:
Participants in the summer programs will be held personally responsible for any damages to equipment or facilities resulting from rowdy or unruly behavior in which they are involved.

By signing this form parents/guardians agree to provide immediate transportation home for their child if dismissal from the program becomes necessary.

Participant’s Signature ___________________________ Date _________

Parent’s Signature ___________________________ Date _________
### FLORIDA A&M UNIVERSITY
The ExxonMobil Bernard Harris Summer Science Camp

### HEALTH FORM

<table>
<thead>
<tr>
<th>Name __________________________</th>
<th>Social Security __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td>Middle</td>
<td></td>
</tr>
</tbody>
</table>

| Date of Birth __________________ | Sex _____                          |

<table>
<thead>
<tr>
<th>Home Address ____________________________________________</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

| Parent or Guardian Name ____________________________ | |

1. Do you have hospitalization? _____ Company and Policy No. ____________________________

2. Have you ever had: 
   - Measles: [ ] Yes [ ] No
   - Tetanus: [ ] Yes [ ] No
   - Chickenpox: [ ] Yes [ ] No
   - Polio: [ ] Yes [ ] No
   - Whooping Cough: [ ] Yes [ ] No
   - Measles: [ ] Yes [ ] No
   - Polio: [ ] Yes [ ] No
   - Mumps: [ ] Yes [ ] No
   - Whooping Cough: [ ] Yes [ ] No
   - Hepatitis: [ ] Yes [ ] No
   - Diphtheria: [ ] Yes [ ] No

3. Have you had surgery? _____ List Surgery and date ____________________________

4. Have you been treated for any serious medical illness (hypertension, diabetes, asthma, epilepsy, sickle cell anemia)? Give details. ____________________________

5. Are you presently on any medication? If so, list medication. ____________________________

__________________________________________________________________________________

6. Do you have any allergies? _____ Give details. ____________________________

7. Have you ever been treated for any mental problems? ____________________________

8. Is there a family history of a bleeding disorder, cancer, hypertension, or diabetes? _____
   List Illness and relationship. ____________________________

__________________________________________________________________________________

Emergency Contact Name and Phone Number ____________________________

Date __________ Signature of applicant ____________________________

Date __________ Signature of parent or guardian ____________________________
Medical Consent and Liability Release

This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the parties indicated below for injuries or losses you may sustain as a result of participation in Stem Bridge Project activities.

References to Florida A&M University (henceforth referred to as FAMU) include Florida A&M University, acting by and through its Board of Trustees, the Florida Board of Governors, the State of Florida, its agents, officers, faculty and employees.

PLEASE READ CAREFULLY.

MEDICAL CONSENT FORM

I hereby grant permission for emergency medical service to be rendered as deemed necessary to my child (or myself). I do hereby voluntarily consent and authorize FAMU, in the event of an accident, illness or injury to take whatever measures and actions considered necessary and warranted under the circumstances to protect, safeguard and minimize further injury, health and safety. I understand that such actions may involve or require placement in a hospital or another medical facility for services and treatment. Any transportation expenses by any mode will be a debt and liability for which I accept total responsibility.

I hereby further declare, represent and agree, that in the event that FAMU has to exercise the above voluntarily given medical authorization and consent, that I hold harmless, release and forever discharge FAMU from any and all liability, damages, claims and demands whatsoever, including attorneys fees and court cost, which the undersigned, any heir or assigned has made.

Finally, I hereby declare and represent that I have read this statement, understood its contents, execute it of my free will and choice, and agree to be legally bound by it.

Initial __________  Date __________  CONTINUE WITH NEXT SECTION
Florida A&M University
Medical Consent and Liability Release (continued)

LIABILITY RELEASE

By signing this MEDICAL CONSENT and LIABILITY RELEASE, I assume any and all liability for any accident, injury, illness, damages or loss that may occur during participation or as a result of Stem Bridge Project Activities at FAMU.

In consideration for the acceptance into or voluntary participation in the above stated activity/event, I/We hereby release, waive and discharge any and all demands and claims for, but not limited to, damages, personal injury, property damage, illness, death or loss which I may have or which hereafter accrue to me, against FAMU due to participation in or as a result of the above mentioned activity/event. This release will discharge and hold FAMU harmless from and against any and all liability and demands (including attorney fees and court cost) arising out of or connected in any way with participation in or as a result of the above mentioned activity/event, even though that liability may arise out of negligence on the part of persons or agencies mentioned above.

I/We further understand that damages, accidents, injuries or death could arise out of participation or as a result of the abovementioned activity/event. Knowing this, I hereby agree to assume that risk and to release and hold all agencies and persons mentioned above harmless that (through negligence or carelessness) might otherwise be liable to me.

I/We fully understand and agree this disclaimer, release, waiver and assumption of risk, is to be binding on my heirs and assigns.

I HAVE READ THIS ENTIRE RELEASE. I FULLY UNDERSTAND IT AND AGREE TO BE LEGALLY BOUND BY IT.

_______________________________________________
Print Name of Minor or Participant (if under 18 years old)

_______________________________________________
Print Name of Parent, Legal Guardian or Custodian

_______________________________________________
Print Name of Participant if 18 years or older)

_______________________________________________
Signature of Parent, Legal Guardian or Custodian

Date

_______________________________________________
Signature of Participant if 18 years or older

Date

_______________________________________________
Address

_______________________________________________
Phone Number (s)
Domestic Travel Participation Agreement
(Non-FAMU Students and Staff)

This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the parties indicated below for injuries or losses you may sustain as a result of participation in off-campus activities.

References to Florida A&M University (henceforth referred to as FAMU) include Florida A&M University, acting by and through its Board of Trustees, the Florida Board of Governors, the State of Florida, its agents, officers, faculty and employees.

Participation Agreement

I, ____________________________________________freely choose and/or volunteer to participate in the trip to ____________________________on or about ___________________ to ________________

(Print Name)

(henceforth referred to as The Trip)

I fully understand that FAMU in no way represents, is not an agent of, and has no responsibility for, any third party, including without limitation any sponsor, which may provide any services including food, lodging, travel, or any services associated with The Trip. I agree to inform myself about the potential dangers of the areas I am traveling to and precautions which should be taken.

I have advised FAMU that there is no health or psychological conditions that preclude my participation in The Trip. I agree to make personal decisions and conduct my private life in an intelligent, prudent fashion, paying particular attention to local conditions. I agree to assume responsibility for the consequences of my own decisions and actions.

I understand that should I have or develop legal problems with any U.S., foreign nationals or government or other person/entity, I will attend to the matter personally with my own personal funds. I understand that FAMU is not responsible for providing any assistance under such circumstances and FAMU will not act as my legal representative if I am detained or arrested.

I agree that participating in any activity is an acceptance of risk of injury or death and property loss or damage. I agree that my safety is primarily dependent upon my taking proper care of myself. I understand that it is my responsibility to know what I will need for The Trip and to provide what I will need. I agree to make sure that I know how to safely participate in any activities, and I agree to observe any rules and practices which may be employed to minimize the risk of harm.

I am also aware that there is certain behavior that is unacceptable and could lead to possible disruption of my participation in The Trip. I assure FAMU that I shall act in an appropriate manner at all times. Such behavior shall include times when in the company of other participants on The Trip and when I may be physically separated from the participants on The Trip.

I will not wear, use or do anything that would pose a hazard to myself or others, including using or ingesting any substance which could pose a hazard to myself or others. I agree that if I do not act in accordance with this agreement I may not be permitted to continue to participate in The Trip.

Initial __________ Date__________ CONTINUE WITH THE NEXT SECTION
Informed Consent agreement

I understand that despite precautions taken, accidents and injuries may occur. I also understand that travel and other activities undertaken during The Trip may be potentially dangerous and that I may be injured and/or lose or damage personal property as a result of my participation. Therefore, I **ASSUME ALL RISKS RELATED TO THE ACTIVITIES** including but not limited to:

- Death, injury or illness from accidents of any nature whatsoever, including but not limited to bodily injury of any nature whether severe or not which may occur as a result of participating in an activity or contact physical surroundings or other persons; arising from travel by air, car, boat, bus, train or any other means.
- Death, injury or illness including food poisoning arising from the provision of food or beverage by restaurants or other service providers.
- Loss or injury as a result of a crime or criminal act, terrorism, war, civil unrest, riot, detention by a foreign government, arrest or other act of any government or authority.
- Theft of or loss of my personal property while in transit or during The Trip.
- Natural disaster, weather, strikes, wars, hostilities or other disturbances, and alteration or cancellation of The Trip due to such causes.

_I acknowledge and agree to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, sickness or injury, weather, strikes, or other unforeseen causes. I acknowledge and understand that FAMU assumes no liability whatsoever for any loss, damage, destruction, theft or the like to Participant’s luggage or personal belongings, and that Participant has retained adequate insurance or has sufficient funds to replace such belongings and will hold FAMU harmless there from._

_I also acknowledge and understand that in the event I become detached from The Trip group, fail to meet a departure bus, airplane, or train, or become sick or injured, I will bear all responsibility to seek out, contact, and reach The Trip group at its next available destination, and that I shall bear all cost attendant to seek out, contact and reach The Trip group at its next available destination._

I further acknowledge that the aforementioned is not inclusive of all possible risks associated with The Trip and in no way limits the extent or reach of this release and covenant not to sue. I further understand that participating in The Trip is an acceptance of risk of injury or death and property loss or damage.

Initial ___________ Date ___________  CONTINUE WITH THE NEXT PAGE
Domestic Travel Participation Agreement (continued)

MEDICAL CONSENT AND LIABILITY RELEASE

I understand and agree that FAMU does not have medical personnel available at the location of The Trip, during transportation, or anywhere in a foreign country.

I hereby grant permission for emergency medical service to be rendered as deemed necessary. I do hereby voluntarily consent and authorize FAMU, in the event of an accident, illness or injury to take whatever measures and actions considered necessary and warranted under the circumstances to protect, safeguard and minimize further injury to my health and safety. I understand that such actions may involve or require placement in a hospital or another medical facility for services and treatment. For these expenses I accept total responsibility. Any transportation expenses by any mode will be a debt and liability for which I accept total responsibility.

I hereby further declare, represent and agree, that in the event that FAMU has to exercise the above voluntarily given medical authorization and consent, that I hold harmless, release and forever discharge FAMU from any and all liability, damages, claims and demands whatsoever, including attorneys fees and court cost, which I or any heir or assigned will make.

I am aware of my personal needs and hereby assure the University that I have consulted with a medical doctor, as I may have deemed necessary, with regard to any personal needs. Further, I am aware that the University cannot be responsible for attending to any medication needs of the undersigned.

Initial _______   Date _______   CONTINUE WITH THE NEXT SECTION

FAMU’S Rights and Powers

FAMU reserves the right and power to cancel without penalty the offering and conduct of The Trip and to withdraw any part of The Trip and to make any alterations, deletions, or modifications in the itinerary and/or The Trip as deemed necessary by FAMU.

Initial _______   Date _______   CONTINUE WITH THE NEXT SECTION

RELEASE FROM LIABILITY, INDEMNIFICATION AGREEMENT AND COVENANT NOT TO SUE

Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in The Trip, I agree, to the fullest extent permitted by law, to FOREVER RELEASE and on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, HEREBY DO FOREVER RELEASE FAMU from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence which I or my spouse, heirs, representatives, executors, administrators and assigns may now have, or have in the future against FAMU on the account of personal injury, bodily injury, property damage, death, accident or loss of any kind, arising out of or in any way related to my participation in The Trip and/or the use of facilities, equipment, or services in association with The Trip howsoever the injury or loss is caused, whether by the negligence of FAMU or otherwise.

Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in The Trip, I COVENANT NOT TO SUE and agree to INDEMNIFY AND HOLD HARMLESS FAMU from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to my participation in The Trip and my use of facilities, equipment, or services in connection with The Trip.

CONTINUE WITH THE NEXT PAGE
I hereby certify that I have full knowledge of the nature and extent of the risks inherent in The Trip and the use of facilities, equipment, or services in association with The Trip, and that I am voluntarily assuming all risks, whether known or unknown.

I understand that I will be solely responsible for any loss or damage, including death, which I sustain or cause, whether in whole or in part, while participating in The Trip and my use of facilities, equipment, or services in association with The Trip, and that by this agreement I am relieving FAMU of any and all liability for such loss, damage or death.

My signature indicates that I have read, understood, and freely signed this agreement. I further certify that I am at least eighteen (18) years of age and that I am otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement after having carefully read and understood the same, of my own free will and fully intending to be legally bound by the same. This agreement is made in full, adequate and complete consideration of my participation in The Trip.

This agreement shall be construed and enforced in accordance with the laws of the State of Florida, and I consent to the jurisdiction of said state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the State of Florida, that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Initial _______  Date _______  CONTINUE WITH THE SIGNATURE PAGE
Domestic Travel Participation Agreement (continued)

IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING

Participant name Printed: ________________________________
Signature (if 18 years of age or older): __________________
Date: __________________
Address: ____________________________________________
Telephone Number (s): ________________________________
Pre-existing allergies, illness or injuries: __________________

Print name of Parent / Guardian (if Participant is under 18 years of age or a dependent child):
Signature: __________________ Date: __________________
Address: __________________________________________
Telephone Number (s): ________________________________

Emergency Contact Information For Participant
Name: ____________________________________________
Address: __________________________________________
Telephone Number(s): ________________________________

Participant and Parent signatures need not be notarized but must be witnessed.

Witness name Printed: ________________________________
Signature of Witness: __________________ Date: __________
Address: __________________________________________
Telephone Number (s): ________________________________
Initial __________ Date __________

**ORIGINAL DOCUMENT MUST BE KEPT IN THE OFFICE OF THE UNIT SPONSORING THE TRIP**
Florida A&M University
The ExxonMobil Bernard Harris Summer Science Camp
(EMBH SSC)

Permission for Non-Parent Pick-Up

The safety of the children in the EMBH SSC Program is our number one priority. If a parent or legal guardian will not be picking up their child from the EMBH SSC Program, the program needs to be informed in advance. The following list can be added to by written request from parents.

I, __________________________________________, hereby give my permission for the below listed individuals to pick up my son/daughter __________________________ from the EMBH SSC Program in the event that I am unable to do so.

1. __________________________________________
   Name                                                           Relationship

2. __________________________________________
   Name                                                           Relationship

3. __________________________________________
   Name                                                           Relationship

_________________________________________             ___________________
Parent Signature                                  Date

NOTE: The pickup person must show a picture Identification (ID) for verification before we will release your child.