

UT Global Ethics & Conflict Resolution Summer Symposium

STUDENT'S NAME: _____

AGREEMENTS

1. I agree to respect the dignity, rights and property of others.
2. I agree to ride only in vehicles approved by the UT Global Ethics and Conflict Resolution Summer Symposium staff. I understand that I am not permitted to drive any vehicle while at the symposium.
3. I agree to be present in my assigned room for assigned room checks each night. I agree to remain in the dormitory from 10:30 p.m. until 6:30 a.m. each night.
4. I agree that I will not have unauthorized visitors in the dormitory at any time.
5. I agree to arrive on time and participate actively in all scheduled symposium activities.
6. I agree to behave in an orderly fashion in university libraries, classrooms, and other facilities.
7. I agree that I will refrain from defacing any library materials, furniture, or facilities.
8. I agree to remain free of any drugs (including alcohol) not specifically prescribed to me by a legal physician.
9. I agree that I will not have firearms or any other weapons in my possession while attending the symposium.
10. I agree to pay for any fines incurred while at the University of Texas.
11. I agree not to check out any books from the library for any other person, including staff members, and understand that all fines accrued will be the debt of my parents and myself.
12. I agree to leave all dormitory property in the dormitory and in good condition when I leave.
13. I agree that I will make restitution for any damage to dormitory or university property or any other property at the symposium that is my responsibility.
14. I agree that I will not go anywhere with unauthorized personnel while attending the symposium.

My signature indicates that I understand and pledge compliance with each of the agreements above during the time I am at the symposium.

Student's Signature: _____ Date: _____

Parental Understanding:

My signature indicates that I have read and understand the agreements above and understand that breaking the agreements warrants expulsion of the participants and full forfeiture of all fees paid to UT for the symposium. I also understand that I will be responsible for all fines incurred by the above named student and agree to pay them.

Parent or Guardian Signature: _____

Parent or Guardian Printed Name: _____ Date: _____

PLEASE RETURN FORM TO:
Dr. Madeline Maxwell
University of Texas
Dept. of Communication Studies
1 University Station #A1105
Austin, TX 78712

University of Texas at Austin

High School Summer Symposium on Global Ethics & Conflict Resolution

Acknowledgement Form

6 pm Commuter 10 pm Commuter Full Room and Board
 June 10-23 June 10-16 only June 17-23 only

Name: _____

Address: _____

Phone contacts: _____ Date of Birth: _____

School: _____ Year in School next fall: _____

E-Mail: _____

Please read each of the following statements carefully and *initial each one* if you understand it and accept the terms (A parent or guardian must initial for participants under 18 years of age):

_____ I acknowledge that I will be dropped from the camp with no registration refund if I do not attend the first day of camp.

_____ I understand that I could be injured at the UT Global Ethics and Conflict Resolution Summer Symposium, and I agree to sign a Release and Waiver of Liability, Assumption of Risk, and an Indemnity Agreement.

RETURN TO: Dr. Madeline Maxwell
Global Ethics and Conflict Resolution Summer Symposium
College of Communication
1 University Station, A1105
Austin, TX 78712

THE UNIVERSITY OF TEXAS AT AUSTIN

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT- MINOR

I. MEDICAL INFORMATION (please type or print legibly)

a. Name of Minor _____
(last, first, middle)

b. Name of Parent/Guardian _____
(last, first, middle)

Address _____
(street or P.O. box, city, state, zip code)

Telephone Number: Day (____) _____ Night (____) _____

Cell: (____) _____

c. Minor's Physician _____

Address _____
(street or P.O. box, city, state, zip code)

Telephone Number: Office (____) _____ Emergency (____) _____

d. Minor's Dentist _____

Address _____
(street or P.O. box, city, state, zip code)

Telephone Number: Office (____) _____ Emergency (____) _____

e. Health Insurance Company Name _____

Policy Number _____ Telephone (____) _____

f. Minor's Allergies _____

g. Minor's Current Medications _____

h. Minor's Special Health Needs _____

II. EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned parent or legal guardian of _____
(name of minor)

do hereby authorize The University of Texas at Austin and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are _____
to _____ 20____.

(Signature of Parent or Guardian) Date _____ 20____.

THE UNIVERSITY OF TEXAS AT AUSTIN

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO CAMP STAFF

This authorizes The University of Texas at Austin physicians, medical personnel and camp sponsors to release relevant information concerning the medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information of _____ to camp staff. This information includes injuries or illnesses relative to participation in the above named camp at The University of Texas at Austin.

The reason for this disclosure is to advise the camp staff of the nature, diagnosis, prognosis or treatment concerning any medical condition, injuries or illnesses Participant may have so that they may make decisions regarding Participant's ability and suitability to participate in camp activities. I understand that the entities that receive the information are not health care providers or health plans covered by federal privacy regulations, and that the information described above may be redisclosed publicly and that the information will no longer be protected by those regulations.

I understand that The University of Texas at Austin will not receive compensation for its use/disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain medical treatment. I may inspect or copy any information used/disclosed under this authorization.

I understand that I may revoke this authorization in writing at any time by notifying in writing the *WV' rjd'eriGj leu'* *cpf 'EqplhkeV'TguqmwkqP'Uwo o gt 'U{o rqukw o* . but if I do, it will not have any effect on actions The University took in reliance on this authorization prior to receiving the revocation. This authorization expires six months from the date it is signed.

Signature of Parent/Legal Guardian

Date

THE UNIVERSITY OF TEXAS AT AUSTIN
RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS

PARTICIPANT: (Name and Address)

INSTITUTION:

The University of Texas at Austin

DESCRIPTION OF ACTIVITY: Participation in UT Global Ethics and Conflict Resolution Symposium

LOCATION: UT Austin campus and area

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement. I give permission for Participant to participate in the above-referenced Activity. I acknowledge that the nature of the Activity may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Parent/Guardian

Address if different from camper's

Date Signed

THE UNIVERSITY OF TEXAS AT AUSTIN

PHOTO/VIDEO RELEASE

I hereby give permission to the UT GLOBAL ETHICS AND CONFLICT RESOLUTION SYMPOSIUM to use the photographic/video likeness of _____
(student name) in all forms of media and/or any other lawful purposes.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

If student is under 18: I, _____ am the parent/legal guardian of the individual named above. I have read this release and approve of its terms.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

THE UNIVERSITY OF TEXAS AT AUSTIN
UNIVERSITY SPONSORED CAMP

PERMISSION TO LEAVE CAMPUS

Students will not be permitted to leave with anyone (including visiting the home of an Austin relative or friend), unless we receive written notification. Please note that submission of a *Permission to Leave Campus* form does not guarantee that the request will be approved. PLEASE ALSO SIGN THIS FORM IF YOUR COMMUTING CHILD WILL BE LEAVING UNSUPERVISED AT THE END OF THE DAY.

Participant's Name: _____

Persons with whom you are giving permission for your child to leave:

Departure Date and Time: _____

Return Date and Time: _____

Reason for Departure: _____

Printed name of parent/guardian: _____

Signature of parent/guardian: _____

Today's date: _____

THE UNIVERSITY OF TEXAS AT AUSTIN
UNIVERSITY SPONSORED CAMP
GLOBAL ETHICS AND CONFLICT RESOLUTION SUMMER SYMPOSIUM

PRE-ACTIVITY CLEARANCE EXAMINATION:PHYSICIAN AUTHORIZATION

I hereby certify that I have examined _____ and have found him/her fit to attend and participate in the *UT Global Ethics and Conflict Resolution Summer Symposium*. I know of no impairments, which would limit his/her participation in all camp activities except those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

Restrictions and/or Comments:

Date of Last Tetanus Booster: _____

Date of Physical Examination (**must have been completed within the 12 months before 1st day of camp**)

Physician's Signature: •

Address:

City, State, Zip: Phone: