

Chemistry Day

University of Evansville

Chemistry Day Application Form (April 25th, 2020)

Applicant Information

Child's Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Age & Grade Level:

School Name:

Any Allergies:

Guardian Full Name:

Last

First

M.I.

Guardian's Email:

Guardian's Phone:

Emergency Contact
Name:

Emergency Contact
Phone:

Choice of Pizza:

Pepperoni

Sausage

Cheese

Vegetarian

General Information

Chemistry Day will be held on **April 25th, 2020 from 10:00 a.m. – 2:30 p.m.** The number of spots are limited, so it will be done on a first come first serve basis. The cost of Chemistry Day is \$30. This includes a souvenir pair of safety goggles, pizza lunch, demonstrations, and hands-on science experiments and activities.

- The application, waiver form, and checks can be mailed to **Chemistry Club, University of Evansville, 1800 Lincoln Ave, Evansville, Indiana 47722**. Please make checks payable to **The Chemistry Club**.
- The deadline for the application is **April 4th, 2020**.
- The event will take place in Koch Center for Engineering and Science at the University of Evansville.
- Please feel free to contact Abby Schubert or Jessica Miller with any questions or concerns: as776@evansville.edu or 765-721-4590; jm698@evansville.edu or 317-797-6788.



**NON-UE STUDENT
ACTIVITIES**

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I, _____ **[print name]** (“Participant”), hereby acknowledge that I have voluntarily elected to participate in **[Chemistry Day]** (“Activity”), to be held in and around **[Koch Center for Engineering and Science]** from **[April 25th, 2020]** .

In consideration for being permitted by the University of Evansville (UE) to participate in the Activity, I hereby acknowledge and agree to the following:

ELECTIVE PARTICIPATION: I acknowledge that my participation is elective and voluntary and that my participation is not required by the University of Evansville.

RULES AND REQUIREMENTS: I agree to conduct myself in accordance with UE policies and procedures. I further agree to abide by all the rules and requirements of the Activity. I acknowledge that UE has the right to terminate my participation in the Activity if it is determined that my conduct is detrimental to the best interests of the group, my conduct violates any rule of the Activity, or for any other reason in UE’s discretion.

INFORMED CONSENT & ASSUMPTION OF RISK: I have been informed of and I understand the various aspects of the Activity. I understand that there are risks involved in participation in the Activity which include, but are not limited to: _____ **[specify risks related to Activity]** travel to and from Activity site via private vehicle, common carrier, and/or UE-owned vehicle, conditions of facilities, injuries due to condition of equipment, weather conditions, facility conditions, wildlife, negligent first-aid operations and there may be other risks not known to me or not reasonably foreseeable to me at this time. In addition, I understand that as a participant in the Activity, I will engage in activities, including **[Chemistry experiments]** during which I could sustain personal injuries, illness, and/or property damage. I understand that as a participant in the Activity I could sustain personal injuries, illness, and/or property damage as a consequence of not only UE’s actions or inactions, but also the actions, inactions, negligence or fault of others, and that there may be other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness, disability and/or property damage that I may sustain by any means is my sole responsibility, except for those occurrences due to UE’s negligence or intentional acts. **I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF UE, ITS BOARD OF TRUSTEES, DIRECTORS, EMPLOYEES, AGENTS, VOLUNTEERS, AND ANY STUDENTS (hereinafter referred to as “Releasees”) UNLESS THEY ARISE FROM INTENTIONAL OR NEGLIGENT ACTS OF THE RELEASEES, AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION IN THE PROGRAM.**

RELEASE AND WAIVER OF LIABILITY & INDEMNIFICATION: I, on behalf of myself, my personal representative, heirs, executors, administrators, agents, and assigns agree to **HOLD HARMLESS, DEFEND, INDEMNIFY, RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** Releasees for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys’ fees) arising from any injury, illness, disability and/or property damage that I may suffer as a result of my participation in the Activity, **REGARDLESS OF WHETHER THE INJURY, ILLNESS, DISABILITY AND/OR DAMAGE IS CAUSED BY THE RELEASEES, UNLESS THE INJURY, ILLNESS, DISABILITY AND/OR DAMAGE IS CAUSED BY THE RELEASEES’ NEGLIGENCE OR INTENTIONAL ACTS, AND REGARDLESS OF WHETHER THE INJURY, ILLNESS, DISABILITY AND/OR DAMAGE OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE ACTIVITY, OR ANY ADJUNCT TO THE ACTIVITY, OCCURS OR IS BEING CONDUCTED.** I further agree that the Releasees are not in any way responsible for any injury, illness, disability and/or damage that I sustain as a result of my own negligent acts.

PERSONAL MEDICAL INSURANCE: I agree to purchase and maintain during the term of the Activity personal medical insurance. I further acknowledge that I am responsible for the cost of any and all medical health services I may require as a result of participating in the Activity.

CERTIFICATION OF FITNESS TO PARTICIPATE: I attest that I am physically and mentally fit to participate in the Activity and that I do not have any medical record of history that could be aggravated by my participation in this particular Activity.

MEDICAL CONSENT: I understand and agree that Releasees may not have medical personnel available at the location of the Activity. In the event of any medical emergency, I (**initial one**) do do not_____ authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care the UE personnel deem necessary for my safety and protection. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

CHOICE OF LAW: I hereby agree that this Agreement shall be construed in accordance with the laws of the State of Indiana.

SEVERABILITY: If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected thereby.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF AGE OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OF MY PARENT OR GUARDIAN AS WELL AS MY OWN.

Signature of Participant

Date

Emergency Contact

Home # _____ Work # _____

Cell # _____

Signature of Parent/Guardian for Participants under eighteen (18) years of age:

I certify that I have custody of Participant or am the legal guardian of Participant by court order. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. **I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES.** I join with Participant in granting a release to Releasees as set forth in detail above.

Signature of Parent or Guardian

Date



UNIVERSITY OF EVANSVILLE

PHOTOGRAPHY, VIDEO AND AUDIO RECORDING STUDENT RELEASE AND WAIVER AGREEMENT

From time to time, the University of Evansville (UE) may desire to photograph, videotape or use audio recordings of students for promotional and/or educational purposes. Educational purposes include, but are not limited to, use in the classroom, in handbooks, or in other UE institutional or faculty publications. All photographers, videographers or those who are using recording devices for the purposes of photography, videotaping or recording students on UE's property or of UE events must obtain a signed release form from any student who is visibly recognizable in the photograph or recording. Crowd scenes where no single person is the dominant feature are exempt.

These rules govern photographs, videos or audio recordings that are intended only for use in any UE publication of marketing or a public relations nature, such as newsletters, brochures, catalogs, promotional items such as tours, or other materials of a similar nature.

Releases also must be obtained for photographs, video or audio recordings used on UE's website. These rules are not in effect when photographs or recordings are taken of news events, but photographs or recordings taken for news purposes require a release for reuse in marketing materials.

By signing this release, I hereby grant UE permission to use my likeness in photograph(s)/video(s)/audio recording(s) in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by UE, in perpetuity, and for other use by UE. I release, on behalf of myself and my legal representatives, heirs, successors, executors and assigns, UE, including its governing board, trustees, directors, officers, employees, and any students, agents or volunteers acting at UE's direction (collectively referred to as the "Releasees) from any and all liabilities, claims, or other loss of any kind that I may sustain as a result of the use of my likeness, whether such loss results from the negligence of such released parties or otherwise (except I do not release any claim or liability arising directly from the willful or wanton misconduct of the "Releasees" named above).

Name (Print Full Name): _____

Signature: _____

Relation to Subject (if subject is a minor): _____

Requested By _____
Name, Title of UE Official

Received By: _____

Date Received: _____