



The College of Engineering & Computer Science

2019 Webelos Engineering Pin Day - Saturday, October 26th

Registration at 7:30 a.m. - Event runs from 8:00 to 11:15 a.m.

University of Evansville • Koch Center • 1800 Lincoln Avenue, Evansville, Indiana 47714

- A workshop with activity stations that will provide some of the experience required for a Webelos Scout to qualify for an engineering pin.
- South lobby of Koch Center for Engineering and Science (*First building on the right after turning in on the one-way drive off Lincoln Avenue.*)
- \$6.00 per Webelos Scout (Checks should be made to University of Evansville. Credit cards are accepted through completion of the attached credit card form.)
- Registration limited to 200 scouts. Registrations will be taken until the event is full or until October 17th, WHICHEVER COMES FIRST. Payment and waivers, signed by a parent or guardian, for each scout must accompany the registration. Forms without waivers or payment will not be registered until both are received for each scout.

Each den should be accompanied by no more than two den leaders. Den leaders should wear identifying attire. Parents wishing to wait for their scout must wait in the Koch Center south atrium. Leaders are responsible for scouts until they are picked up. No scout is to be left without a responsible adult. Confirmation will be sent via e-mail to leaders whose scouts are admitted. Registration and payment will be returned to those whose groups come in after the maximum has been met if they do not wish to be on a waiting list.

PARTICIPANTS WILL BE DIVIDED INTO 4 GROUPS WITH EFFORT MADE TO KEEP DENS TOGETHER. AT TIMES THIS IS NOT POSSIBLE, AND WE ASK YOUR UNDERSTANDING WITH THIS ISSUE. EACH GROUP WILL HAVE AT LEAST ONE HOST WHO WILL GUIDE THEM THROUGH THE STATION ROTATION.

For further information, please contact Kimberly Higgins, Assistant to the Dean, College of Engineering and Computer Science at kh209@evansville.edu, telephone: 812-488-2651.

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Registration will begin at 7:30 a.m. • Event runs from 8:00 to 11:15 a.m.

REGISTRATION IS LIMITED TO ONLY 200 WEBELOS SCOUTS. EARLY REGISTRATION IS ENCOURAGED.

FOR: All Webelos Scouts

COST: \$6.00 per Webelos Scout

Pack # _____ Den # or Name _____ Leader Name: _____

Please provide information about the leader who will be coordinating the registration and attending the event. There is no charge for leaders. Limit of two leaders per group.

Leader #1 _____ E-mail: _____ Phone: _____

Address _____ City _____ ST _____ Zip _____

Leader #2 _____ E-mail: _____ Phone: _____

Address _____ City _____ ST _____ Zip _____

Participants: Include waiver signed by parent or guardian for each.

SCOUT NAME	WAIVER	SCOUT NAME	WAIVER	SCOUT NAME	WAIVER
1		8		15	
2		9		16	
3		10		17	
4		11		18	
5		12		19	
6		13		20	
7		14		21	

Payments by check (payable to the University of Evansville), cash, or credit card (authorization form required).

Mail completed form, waiver, and payment to: **College of Engineering and Computer Science, Webelos Engineering Pin Day, 1800 Lincoln Avenue, Evansville, IN 47722.**

For further information, contact: Kimberly Higgins, Asst. to the Dean, kh209@evansville.edu, telephone: 812-488-2651.

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

I, (or hereinafter on behalf of my minor child) _____ ("Participant"), hereby acknowledge that Participant has voluntarily elected to enroll in the Webelos Engineering Pin Day ("Program"), to be held in and around the campus of the University of Evansville (UE) and the Evansville Tri-State area on Saturday, October 26, 2019.

I further understand that if Participant is a minor, then I, as his or her parent or legal guardian must agree to all of the conditions set forth below on behalf of the minor even where the language is specifically directed to Participant. **In consideration for being permitted by UE to participate in the Program, I hereby acknowledge and agree to the following:**

PROMOTIONAL RIGHTS: As a condition of my participation, I hereby grant UE the right to use, for promotional purposes only, any photographs of me taken by UE, its employees or agents, during my participation in the Program. I further understand and agree that UE may use (for marketing purposes) any statements or quotes attributed to me in my evaluation of the Program.

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

INFORMED CONSENT: I have been informed of and I understand the various aspects of the Program. I understand and agree that I will engage in physical activities, including water activities, which may pose a risk of harm. I understand that these activities include but are not limited to: playing, observing or participating in Program activities, traveling to and from Program events.

I further understand that the Program in which I am participating may involve bodies of water/a swimming pool. I am aware that any contact with bodies of water/a swimming pool involves certain risks, including but not limited to: death, drowning, or other personal injury as a result of the area's conditions, the acts of third parties or other unknown safety hazards, diving injury, skin, eye, lung and ear irritation, injuries resulting from loss of balance and footing on aquatic surfaces, injuries resulting from lack of oxygen, injuries due to conditions of equipment, unpredictability of weather and the water conditions, wildlife, first aid operations or procedures of Releasees (as defined herein) and/or 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 the risks involved in this Program are both water and land based and may include, but are not limited to: travel to and from Program site, including via private vehicle, common carrier, and/or UE owned vehicle; injury resulting from athletic, physical or other game-like activities during the Program as a result of the activity area's conditions, the acts of third parties or other unknown safety hazards; diving injury, skin, eye, lung and ear irritation, injuries resulting from loss of balance and footing on aquatic surfaces, injuries resulting from lack of oxygen, drowning, injuries due to conditions of equipment, unpredictability of weather and the water conditions, wildlife, negligent first aid operations, and other risks that may not be known to me or not reasonably foreseeable at this time and during my participation. These serious personal injuries and possible death may not only be a consequence of Releasees' (as defined herein) actions, inactions, negligence or fault, but also the actions, inactions, negligence or fault of others, conditions of equipment used, facility conditions, weather conditions, negligent first aid operations and procedures, and other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness, damage, disability, or death that I may sustain by any means is my sole responsibility, except as explicitly specified in this Agreement.

ASSUMPTION OF RISK: I understand and acknowledge that there are potential dangers incidental to my participation in the Program, including risks of damage, bodily injury and possibly death as described throughout this Agreement. The risks may result from the activity itself, from the acts of others, from use of the equipment or organization of or unavailability of emergency medical care. I understand that there are risks attendant to physical activities associated with the Program and that there are potential dangers which may expose me to the risk of personal injuries, damage, or even death. In addition, I understand that participation in the Program involves activities incidental thereto, including, but not limited to, travel to and from the site of the Program, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I understand that these potential risks include, but are not limited to: travel to and from UE campus for off-site field trips and recreation via private vehicles, common carriers, and/or UE-owned vehicles, weather conditions, facility conditions, equipment conditions, negligent first aid operations or procedures of Releasees (as defined herein), and that there may be other risks not known to me or not reasonably foreseeable at this time.

I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF THE RELEASEES, UNLESS THE RISKS ARISE FROM THE RELEASEES' NEGLIGENCE, GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT and I assume full responsibility for my participation in the Program.

RELEASE AND WAIVER OF LIABILITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE UE**, including its governing board, trustees, directors, officers, employees, and any students, agents or volunteers acting at UE's direction (collectively referred to as "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, damage or death that I may suffer as a result of my participation in the Program, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES, UNLESS THE INJURY DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' NEGLIGENCE OR GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT, AND REGARDLESS OF WHETHER THE INJURY DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT, TO OR FROM THE PREMISES WHERE THE PROGRAM, OR ANY LOCATION ADJUNCT TO THE PROGRAM, OCCURS OR IS BEING CONDUCTED.**

I further agree that the Releasees are not in any way responsible for any injury or damage that I sustain as a result of my own negligent or grossly negligent acts or my own intentional misconduct and I hereby release Releasees from any liability for the same.

UE expressly disclaims liability for actions of third parties, which includes but is not limited to students, agents or volunteers who are not acting under the direction and control of UE. I, hereby release Releasees from 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, damage or death that I may suffer as a result of actions of any third parties who are not Releasees.

INDEMNITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless the Releasees from 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, damage or death that I may suffer as a result of my participation in the Program, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES OR OTHERWISE, UNLESS THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES' NEGLIGENCE, GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT.**

I further agree that, in the event that I or any of my family members, personal representatives, heirs, executors, administrators, agents, assigns or any other third party attempts to assert any claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, damage or death to me, including but not limited to any injury resulting from my own negligence, gross negligence or intentional misconduct during or related to the Program, **I AGREE TO DEFEND AND INDEMNIFY RELEASEES AGAINST SUCH CLAIMS, DEMANDS, CAUSES OF ACTION (KNOWN OR UNKNOWN), SUITS, AND/OR JUDGMENTS OF ANY AND EVERY KIND (INCLUDING ATTORNEYS' FEES) TO THE FULLEST EXTENT PERMITTED BY LAW.**

PERSONAL MEDICAL INSURANCE: I agree to purchase and maintain during the term of the Program personal medical insurance. I further acknowledge that I am responsible for the cost of any and all medical and health services I may require while participating in the Program except for medical costs arising from an injury that I sustain that is the direct result of Releasees' negligence or gross negligence or intentional misconduct. I understand and agree that Releasees shall not in any way be responsible for other contingent losses arising from any injury I sustain that is not the result of Releasees' negligence, gross negligence or intentional misconduct.

CERTIFICATION OF FITNESS TO PARTICIPATE: I attest that I am physically and mentally fit to participate in the Program and that I do not have any medical record of history that could be aggravated by my participation in the Program. I further attest that I am physically and mentally fit to participate in the Program, and that I am responsible for consulting with my health care provider towards this end.

RESPONSIBILITY FOR REPORTING INJURIES: I acknowledge that I must be an active participant in my own healthcare and as such, it is my responsibility to report all injuries and illnesses, including signs and symptoms of concussions, to UE's camp director. I hereby affirm that I have fully disclosed in writing any prior medical conditions and will also disclose any future conditions to the UE's camp director.

MEDICAL CONSENT: I understand and agree that Releasees may not have medical personnel available at the location of the Program. 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 that 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. I further understand that in the event that I experience any condition requiring emergency medical treatment, UE may direct that I be transported to the hospital for such care.

NON-EMPLOYEE STATUS: I understand and acknowledge that in participating in the Program, I am doing so independently and that I am not an employee or agent of UE. I understand and agree that as a non-employee that I am not entitled to receive compensation or any other employee benefit from UE for my participation in the Program.

CHANGE OF VENUE: UE reserves the right to change the venue to a similar venue and/or to change the dates of the Program if the original venue is not available on the originally planned date. Such change of venue or schedule shall not void this Agreement.

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 hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement. I understand that I may seek legal counsel of my own choosing to fully explain any terms of this Agreement to me before I sign it.

Date: _____

(Signature)

(Printed Name of Participant)

Emergency Contact

Home # _____ Work # _____

Cell # _____

Signature of Parent/Guardian for Participants Who Are Minors:

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 AND AGREE TO ITS TERMS. **I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY RELEASEES.**

Date: _____

(Signature of Parent or Guardian)

(Printed Name of Parent or Guardian)

Received by:

Date: _____

(Signature)

(Printed Name of Institution Official)



College of Engineering & Computer Science
1800 Lincoln Avenue
Evansville, IN 47722
Ph. #812-488-2651 / Fax #812-488-2780

Credit Card Payment Authorization Form

Please complete the information below:

PURPOSE OF PAYMENT: _____

AMOUNT OF PAYMENT: \$ _____

Cardholder Name _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Type of Card: Visa MasterCard Discover Am.Express

Card Number _____

Expiration Date _____ CVV/CVC Code _____

I authorize the University of Evansville to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card, and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____

DATE _____

RECEIVED: College of Engineering & Computer Science

By _____