The College of Engineering & Computer Science

2016 Webelos Engineering Pin Day
Saturday, October 22, 2016

• 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 - #1-1 on glass door.)
• $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 13th, 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 2 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 or US mail if no e-mail is provided. Registration and payment will be returned to those whose groups come in after the maximum has been met if they don’t wish to be on a wait 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.
The College of Engineering & Computer Science

2016 Webelos Engineering Pin Day – Saturday, October 22, 2016

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

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. Use back of sheet to indicate a second leader contact.

Name: _________________________ E-mail: _______________________ Phone: ________________

Address: ______________________ City______________________________ ST____ Zip ________

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

<table>
<thead>
<tr>
<th>SCOUT NAME</th>
<th>WAIVER</th>
<th>SCOUT NAME</th>
<th>WAIVER</th>
<th>SCOUT NAME</th>
<th>WAIVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>8</td>
<td></td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>9</td>
<td></td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>10</td>
<td></td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>11</td>
<td></td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>12</td>
<td></td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>13</td>
<td></td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>14</td>
<td></td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>

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, __________________________ [print name] ("Participant"), hereby acknowledge that I have voluntarily elected to participate in Webelos Engineering Pin Day (to be further referred to as "the Activity"), to be held in Koch Center on the University of Evansville campus, on Saturday, October 22, 2016 and hosted by the CECS Dean’s Advisory Council.

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: 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: injury from catapulting tennis ball or other materials used in workshops; travel to and from Activity site via private vehicle, common carrier, conditions of facilities, injuries due to condition of equipment, weather 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 physical activities, including building and testing catapults; designing, constructing, and testing projects; completing a simple circuit; learning a simple computer program, during which some risk of personal injuries, illness, or property damage may be present. I understand that these risks may be 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 or property damage that I may sustain by any means is my sole responsibility.

RELEASE AND WAIVER OF LIABILITY: I, on behalf of myself, my personal representative, heirs, executors, administrators, agents, and assigns, HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE UE, their Board of Trustees, directors, officers, employees, agents, volunteers, and any students (hereinafter 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 or property damage that I may suffer as a result of my participation in the Activity. REGARDLESS OF WHETHER THE INJURY OR DAMAGE IS CAUSED BY THE RELEASEES, UNLESS THE INJURY OR DAMAGE IS CAUSED BY THE RELEASEES’ NEGLIGENCE OR INTENTIONAL ACTS, and assume full responsibility for my participation in the Program.

INDEMNITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless, defend and indemnify 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 or property damage that I may suffer as a result of my participation in the Activity. REGARDLESS OF WHETHER THE INJURY OR DAMAGE IS CAUSED BY THE RELEASEES OR OTHERWISE, UNLESS THE INJURY OR DAMAGE IS CAUSED BY THE RELEASEES’ NEGLIGENCE OR INTENTIONAL ACTS.

PERSONAL MEDICAL INSURANCE: I 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 UE 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 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 __________________________ Phone # ____________

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 ____________

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 the Activity.

Signature of Parent or Guardian __________________________ Date ____________
Credit Card Payment Authorization Form

Please complete the information below:

PURPOSE OF PAYMENT: WEBELOS ENGINEERING PIN DAY REGISTRATION

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_______________________________________