



*Proceeds from this science camp benefit the  
Arthur Murdoch Research Fund*

## ***HEY KIDS...***

- Have you ever wanted to work in a real science lab?
- Would you like to...
  - Perform the chemical reaction to synthesize aspirin?
  - Participate in the "Great Egg Drop" experiment?
  - Determine the pop that will create the largest Coke®/Mentos® fountain?

## ***IF SO .. JOIN US FOR "ONE GREAT WEEK OF SCIENCE"***

***June 11 - June 15, 2018***

***Monday-Friday, 9 AM - noon***

***University of Mount Union Science Laboratory  
Bracy Hall***

The Summer Science Enrichment Program is a one-week program that will be presented by Dr. Sheryl Mason, Assistant Professor of Chemistry and Biochemistry, and Dr. Scott Mason, Professor of Chemistry, of the University of Mount Union. This will be a very hands-on experience for the children with laboratory and field experiments each day.

Topics to be covered include biology, chemistry, physics, health, and environmental science. **Students must wear closed-toed shoes every day and NO sleeveless tops are permitted.** Other safety equipment will be provided.

**Interested and mature** students entering 4<sup>th</sup>, 5<sup>th</sup> or 6<sup>th</sup> grades for the 2018-2019 school year are eligible for this program.

**REGISTRATION** - All materials may be found at [www.mountunion.edu/summersciencecamp](http://www.mountunion.edu/summersciencecamp) and must be downloaded, completed, and submitted to **Andrea Williams, Bracy Hall 129, University of Mount Union** between May 22<sup>nd</sup> and June 1<sup>st</sup>. **The program fee is \$65.00. We can accommodate 20 students. Students will be registered on a "FIRST COME, FIRST SERVED" basis.** Please submit materials early - this has become a very popular camp!

# Summer Science Enrichment Program

## REGISTRATION FORM

(RETURN AS SOON AS POSSIBLE, SEE INSTRUCTIONS AT BOTTOM OF PAGE)

Child's Name: \_\_\_\_\_ Entering Grade Level: \_\_\_\_\_

Which elementary school does your child currently attend? \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's \*E-mail address: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

\*E-mail will be used to confirm registration and provide instructions prior to the start of camp; If no e-mail address is provided, communication will be done by phone

Circle T-shirt size: YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL

Does your child have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please specify allergies:

\_\_\_\_\_

Are there any other special conditions of which we should be aware? Please specify.

\_\_\_\_\_

\_\_\_\_\_

Please complete and return 1) this Registration Form, 2) the University Release, Hold Harmless and Indemnification Agreement, 3) The University Medical Information form, 4) the Photo Release form, and 5) the program fee of \$65.00 with a *check made payable to University of Mount Union*, as soon as possible and by June 1<sup>st</sup> in person or by mail to: Attn: Andrea Williams, Bracy Hall 129, University of Mount Union, 1972 Clark Avenue, Alliance, Ohio 44601. If you have any questions or concerns, please contact Andrea Williams at 330-823-3672.



**UNIVERSITY OF MOUNT UNION**  
**RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**  
**(Minor Participant)**

Name of Event or Program: **Science Camp** (the Program")

The undersigned who are the parent(s)/guardian(s) having care and custody of \_\_\_\_\_ (type or print name of minor participant) (the "Participant"), a minor, for themselves and on behalf of the Participant and the Participant's representatives, assigns, heirs, executors and administrators, fully release, and discharge the University of Mount Union, its employees, staff, officers, agents, and trustees (collectively the "University") from any and all claims, demands, rights, and actions, including attorneys' fees and court costs, on account of personal injury to others or to Participant which may arise out of the Participant's involvement in the Program and/or Participant's access to, use of, or participation with the transportation offered by the University and/or the Program Operator (the "Program Operator"). The undersigned, for themselves and on behalf of the Participant, further agree to indemnify and hold the University harmless from and against any and all claims, demands, actions, causes of action, including attorneys' fees and court costs, on account of personal injury to Participant or Participant's death, or damages to personally property or damage or injury to others which may result from Participant's participation in the Program and/or Participant's access to, use of, or participation with the transportation offered by the University or the Program Operator. This waiver, release and indemnity is being given by the undersigned in consideration for the Participant's taking part in the Program and being permitted to enter upon the University's campus and facilities. By signing this document, the undersigned intend to be legally bound by it. This waiver, release, and discharge is intended to be effective as to any and all claims that the undersigned and the Participant may have, or which may accrue against the University, for liability for current and future injuries, damages or losses to the Participant's person or property, whether known, unknown, foreseen, or unforeseen. The undersigned, for themselves and on behalf of Participant, agree to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance, and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the undersigned do not know of or suspect to exist at the time of executing this Release.

The undersigned, for themselves and on behalf of the Participant, acknowledge and agree that if they or the Participant files a lawsuit or otherwise presents claims due to injuries or losses resultant, or any way connected with, Participant's participation in the Program and/or Participant's access to, use of or participation with the transportation offered by the University or the Program Operator, such claims shall be immediately dismissed upon the presentation of this Release to the court.

The undersigned understand and acknowledge the significance and consequences of the undersigned's specific intention to release all claims, and the undersigned assume full responsibility for any injuries, damages, or losses that the Participant may incur. The undersigned acknowledge and agree that participation in the Program may involve physical and/or sports-related activities, and that such activities may result in

injury to the Participant, and in addition to the foregoing waiver and release, the undersigned hereby expressly waive and release the University from liability for any such injury or injuries.

The undersigned have executed this Release freely and voluntarily. The undersigned have not relied on any inducements, promises, or representations made by the University with respect to the Program. By signing this Release, the undersigned hereby certify that they have been fully advised by their legal counsel with respect to this Release (or having been advised of their right to counsel, knowingly waived their right to counsel). The undersigned have read and understand this Agreement, and by signing below, intend to be legally bound for themselves and on behalf of the Participant.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Type or Print Name of Parent/Guardian (if applicable)

\_\_\_\_\_  
Parent/Guardian Signature (if applicable)

\_\_\_\_\_  
Participant's Address

\_\_\_\_\_  
Participant's Contact Telephone Number

\_\_\_\_\_  
Participant's Date of Birth



**MEDICAL INFORMATION**

The undersigned hereby authorize the University to secure emergency medical treatment for the Participant. The space below contains any allergies, required medications, special medical conditions, medical insurance information, and any other pertinent medical information regarding the Participant.

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Other: \_\_\_\_\_

In the event of an emergency, please contact the following person:

Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

The undersigned acknowledge and agree that the University shall have no obligation to contact the above-referenced person in the case of an emergency, but that the University will make reasonable efforts to contact this person in the event of an emergency.

The undersigned certify that the foregoing medical information is correct, and that this consent and information is being voluntarily provided to the University.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature (if applicable)

## Photo Release Form

I hereby give permission for my child to be photographed during the University of Mount Union Summer Science Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet.

Name of child: \_\_\_\_\_

\_\_\_\_\_ I give permission

\_\_\_\_\_ I do not give permission

Parent/ Guardian Signature: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_