

SCIENCE CAMP REGISTRATION CHECKLIST

- ☐ Mark your calendar for July 15 – 19 for Science Camp!
- ☐ Download the registration packet.
- ☐ Fill out the Science Camp Registration Form.
 - Breakfast snacks, lunch, and afternoon snacks will be provided. Menus will be planned in advance, so it is important to note any food restrictions or allergies on the registration form so we can plan accordingly. Alternate meals may not be available if restrictions are not noted ahead of time.
- ☐ Sign the TTUHSC Photo Consent & Release form.
 - Students and parents may decline to sign this form but this will exclude the student from all group pictures.
- ☐ Sign the TTUHSC SCIENCE CAMP Release & Hold Harmless Agreement.
 - This signed form is a requirement for camp participation.
- ☐ Return completed registration packet in one of these two ways:
 - Scan all documents and attach to an email to: Science-Camp-LBK@ttuhsc.edu
 - OR: Send hard copies in postal mail to:
Science Camp Director
3601 4th St
STOP 8146
Lubbock, TX 79430

If you have any questions, please contact us at:
Science-Camp-LBK@ttuhsc.edu or call 806-743-4276

*WE LOOK FORWARD TO SEEING YOU
AT SCIENCE CAMP 2019!!*



Science Camp 2019 Registration Form

Name: _____
Last Name, First Name *Middle Initial* *Preferred Name*

Gender: ☐ Female ☐ Male DOB: _____

Home Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Phone Number: Home - _____ Cell - _____

Student Email: _____ Parent Email: _____

High School: _____

Classification as of Fall 2019: ☐ Sophomore ☐ Junior ☐ Senior Graduating Year: _____

T-Shirt Size: ☐ Small ☐ Medium ☐ Large Food Preference: ☐ No Restrictions ☐ Vegetarian
☐ X-Large ☐ XX-Large ☐ No Pork (only restriction)
Other Restriction: _____

Allergies/Other Known Medical Condition: _____

Emergency Contact: _____ Phone: _____
Relationship: ☐ Mother ☐ Father ☐ Sister/Brother ☐ Guardian (specify relationship: _____)

Students with independent transportation must provide the following information:

License Plate #: _____	License Plate State: _____
Vehicle make: _____	Driver's License Number: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Please print form, fill out & sign, and return completed form.
Return via Mail to: Science Camp Director
3601 4th Street MAIL STOP 8146
Lubbock, TX 79430

Texas Tech University Health Sciences Center

Consent and Release to Use Image or Information

I, (print name) _____
 or my authorized legal representative, hereby give consent for Texas Tech University Health Sciences Center (TTUHSC) employees, students or agents to take and use information about me (including my medical history, if applicable), my name or image or likeness including, but not limited to, photographs, videotaped images, audio recordings, digital (collectively "Images"), or my data or presentation for the purposes checked below.

I AGREE TO USES DESIGNATED BELOW: <i>(Not including uses for patient treatment or payment.)</i>	<u>My Name</u>	<u>My Image(s)</u>	<u>My Information</u>	<u>My Data or Presentation</u>
<input type="checkbox"/> For educational purposes <u>within</u> TTUHSC.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> For educational purposes <u>outside</u> TTUHSC.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> For TTUHSC marketing or publicity. (This includes news and social media such as interviews, Facebook, websites, Twitter, YouTube, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> For publication in journals or on the Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other purpose(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that TTUHSC and its regents, employees, agents, and personnel, acting on behalf of TTUHSC, shall not be held responsible for any use of my name, information and/or image(s), including any use whatsoever by any outside user or third parties, and I hereby release and hold harmless TTUHSC and its regents, employees, agents and personnel, acting on its behalf, from any and all liability for damages of whatever kind, character or nature which may at any time result from this Consent and Release authorizing use or dissemination in accordance with the above.

I understand that TTUHSC will own the Image(s) of me for the purposes stated above. I do hereby knowingly and voluntarily waive any and all other rights, compensation, royalties, or payment of any kind or character in connection with the use of my name, likeness and/or image(s) as authorized above.

This Consent and Release can be revoked or withdrawn at any time, but such withdrawal or revocation must be in writing and sent to the TTUHSC Institutional Privacy Officer and/or local campus Regional Privacy Officer. Any withdrawal of consent does not affect any information used or disclosed prior to receipt of the written notice of withdrawal.

By signing below, I represent that I have read and understand this "Consent and Release to Use Image or Information" and that it is binding on my heirs, executors and personal representatives. I am 18 years of age or older.

 Signature of Person Named Above

 Date

 OR Signature and Print Name of Authorized Legal Representative

 Date

<i>For Office Use Only:</i>	Completed by: _____	
Date of Event: _____ <input type="checkbox"/> Speaker	MR#: _____ <input type="checkbox"/> Patient	R# (Banner): _____ <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student



**TTUHSC SCIENCE CAMP
RELEASE AND HOLD HARMLESS AGREEMENT**

I, _____ (Name of Participant if over age 18 or Parent/Managing Conservator/Guardian if Participant is under age 18) Participant/Parent/Managing Conservator/Guardian, understand that I/my minor child, (participant's name) has the opportunity to participate in Science, Technology, and Research Camp, a program for students sponsored by the Office of Research at Texas Tech University Health Sciences Center, Lubbock, Texas from, July 16-20, 2018.

I understand that I may/give my permission for my minor child to ride in public transportation or in vehicles driven by Texas Tech University Health Sciences employees or representatives to and from designated activities. I, the undersigned, am aware of the dangers associated with travel by motor vehicle or other conveyance and the possibility of injuries or death while in transit.

I understand that [I/my minor child] will participate in general classroom, educational, and laboratory activities during the camp. I am aware of the dangers associated with such activities and the possibility of injuries or possibly even death in such participation. I hereby assume all financial responsibility for any medical care, treatment or transport that [I receive/my minor child receives] during or after participation in said program as a result of accident, illness, or any other cause, regardless of whether such medical care, treatment or transport is covered by or paid by medical or health insurance.

IN CONSIDERATION OF ALLOWING [ME/MY MINOR CHILD] TO ATTEND THE ABOVE-MENTIONED ACTIVITIES, I, THE UNDERSIGNED, DO HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, ITS BOARD OF REGENTS, ALL THE UNIVERSITY'S OFFICERS, AGENTS, AND EMPLOYEES, AND THE OFFICE OF RESEARCH FROM ANY AND ALL LIABILITY DUE TO INJURIES, DAMAGE OR DEATH ARISING OR RESULTING FROM ANY ACT OR OMISSION, EXPRESS NEGLIGENCE OR OTHERWISE, OF SAID TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER OFFICERS, ADVISORS, AGENTS, AND EMPLOYEES AND OTHER OFFICERS OR MEMBERS OF THE OFFICE OF RESEARCH OR ANY OTHER PERSON OR PARTICIPANT IN SAID ACTIVITIES WHILE ATTENDING THE ACTIVITIES OR WHILE IN TRANSIT TO AND FROM ACTIVITIES. THE TERMS HEREOF SHALL ALSO SERVE AS A RELEASE AND AN ASSUMPTION OF RISK FOR [MY/MY MINOR CHILD'S] HEIRS,

EXECUTORS AND ADMINISTRATORS, AND FOR ALL MEMBERS OF [MY/MY CHILD'S] FAMILY AND BE PLEADED AS A BAR TO LITIGATION.

This Agreement shall be construed under the laws of the State of Texas, and venue shall be in the state or federal courts of Lubbock County.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY/MY CHILD'S INJURY OR DEATH OR DAMAGE TO MY/MY CHILD'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE ACADEMY, 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 MY/MY CHILD'S NEGLIGENT OR INTENTIONAL ACT OF OMISSION.

Signature of Participant if over 18:

Date:

Signature of Parent, Managing Conservator, or Guardian if participant is under age 18:

Print or type name

Date

Questions can be directed to Toni Denison 806 743-4276 or science-camp-lbk@ttuhsc.edu