

Wabanaki Youth in Science (WaYS)

WaYS Program Participation Permission, Agreements, and Health Form

All participants of Earth-Camp and Internships must complete this form

Name of Activity: _____ Date: _____

Section I - Participant: *Please read this form carefully, provide all requested information, and sign and date the bottom of this page.*

Name: _____
Last First Middle initial

Mailing Address: _____

Town, State, Zip: _____

Telephone: (_____) _____ Email: _____

Birth Date: (MM/DD/YYYY) _____ Age: _____

As a participant in this program, I understand that I represent myself, my family, the Penobscot Nation, and all Wabanaki Youth in Science participants, volunteers and staff. Therefore, by my signature below, I agree to:

1. Participate fully in this program.
2. Follow all schedule times including curfew and wake-up hours; to be where assigned, when assigned.
3. Follow the dress code established for this program/event.
4. Uphold the highest standards of behavior, manners and language.
5. Refrain from using alcoholic beverages, non-prescribed or illegal drugs, tobacco products, or fireworks.
6. Respect the rights of others at all times and make every attempt to include all participants in all activities.
7. Leave the facilities in the same condition or better than I found them when I arrived.
8. Support and follow all leadership and direction received from coordinators, chaperones and any other adult authority.
9. Respect the personal space and property of others in all settings including during overnight programs.
10. Seek assistance and support from adult chaperones on behalf of myself or others should a situation arise that warrants adult intervention or makes me feel uncomfortable.

I understand that if I break this agreement, I must accept the consequences of my actions, which might include a loss of privileges during this program, loss of program privileges in the future, and/or immediate dismissal from this program.

Signature: _____ Date: _____

Section II – Parent/Guardian: *Please read carefully, provide all requested information, and sign and date this section.*

Parental Statement

My son/daughter/ward has my permission to participate in this program and/or internship. Should my son/daughter/ward require medical attention while participating in this program and/or internship, I hereby give my consent for physicians to provide necessary medical treatment and I understand and agree that I will pay the cost of any such medical treatment.

Furthermore, I have read and understand the statements my son/daughter/ward has agreed to in Section 1 and support this agreement. I realize that I am personally responsible for my son/daughter/ward while he/she is attending this program and/or internship. I understand and expect that should my son/daughter/ward break this agreement and the adult coordinators find it necessary to dismiss him/her from this program and/or internship, that I am responsible for his/her transportation home.

Signature: _____ Date: _____

Print Name: _____

Telephone: day (_____) _____ evening (_____) _____

Mailing Address if different from Participant's: _____

Section III – Participant Health Information: *Please read carefully and provide all requested information.*

Family Physician: _____ Telephone: (_____) _____

Insurance Company: _____ Policy Number: _____

Date of last tetanus shot: _____

Are there any allergies, medications or medical conditions of your child which you want to make us aware to better serve your child or in case of emergency? If yes, please list: _____

Emergency Contact Information:

In case of emergency, please provide two contacts below.

First Contact

Name: _____

Relationship to Participant: _____

Day Phone: _____

Evening Phone: _____

Second Contact

Name: _____

Relationship to Participant: _____

Day Phone: _____

Evening Phone: _____

Section IV – Release and Assumption of Risk* Agreement: *Please read carefully, provide all requested information, and sign and date where indicated on this and the next page.*

I, _____ (name), of _____ (address), being _____ years of age (having been born on _____), acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to participate in the WaYS Program, (the “Program”) from _____, 20__ to _____, 20__, and in consideration of being permitted to participate in the Program, do voluntarily execute this “Release and Assumption of Risk” on behalf of myself, my heirs and next-of-kin, my personal representatives and my estate.
2. That I have been fully informed of the nature, scope, and demands of the Program, and I understand that the Program may include activities which could be dangerous to me and other participants and which could cause property damage, bodily injury, and/or death.
3. That the Wabanaki Youth in Science (WaYS) program (hereinafter referred to as the “WaYS”) has informed me that there may be dangers and hazards inherent to participants in the Program because of the activities involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer or cause to others, and for all damages or loss to any real or personal property owned by me or damaged by me, while I am participating in the Program and during all travel and transportation, and, in furtherance thereof, I agree to indemnify, hold harmless and release WaYS, its Board Members, employees, volunteers and agents, the Penobscot Nation, it’s employees, representatives or agents from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my real or personal property, my personal injury or death, or the personal injury, death or damage to real or personal property of others caused by me, which may occur or result directly or indirectly from my participation in the Program and not as a direct result of any negligent act of the employees, volunteers or agents and the Penobscot Nation.
4. I declare that I am able to physically withstand and cope with the indicated rigors of the Program with or without a reasonable accommodation. If an accommodation is needed, I will contact tish carr at 581-1417.
5. This “Release and Assumption of Risk” shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, void, unenforceable or illegal, the remainder shall continue in full force and effect.

I DECLARE THAT I COMPLETELY UNDERSTAND AND HAVE FULLY INFORMED MYSELF OF THE TERMS AND CONDITIONS OF THIS “RELEASE AND ASSUMPTION OF RISK” BY HAVING READ IT, OR HAVING IT READ TO ME, BEFORE SIGNING AND I INTEND TO BE FULLY BOUND THEREBY.

Assented and agreed to on this _____ day of _____, 20__.

Signature of Participant

I, _____, the parent or legal guardian of _____, agree, in consideration of my child being permitted to participate in the Program, to be bound by the terms of this Release and Assumption of Risk and hereby indemnify, hold harmless and release WaYS, its Board Members, employees, volunteers and agents, the Penobscot Nation, it's employees, representatives or agents, in the same manner and with the same force and effect as set forth in section 3 above with regard to my child participating in the Program.

Signature of Parent or Guardian
(if participant under the age of 18 years)



Supported in part by National Science Foundation awards to Maine EPSCoR at the University of Maine.

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