

**Carnegie
Mellon
University**



**Leonard Gelfand Center
for Service Learning & Outreach**

5000 Forbes Avenue
Wean Hall 4612
Pittsburgh, PA 15213
(412) 268-1498

Thank you for your interest in Snap Circuits!

The Snap Circuit Lab will run from 9:45am - 12:00pm, and will be held on Saturday, February, 20, 2016 in Wean Hall 5415.

Applicants must submit their release form by **Wednesday, February 17, 2016** to:

Katie Costa
Carnegie Mellon University
5000 Forbes Ave, 1302 Hamerschlag Hall
Pittsburgh, PA 15215

For directions to campus, please see <http://www.cmu.edu/about/visit/directions-parking.shtml>

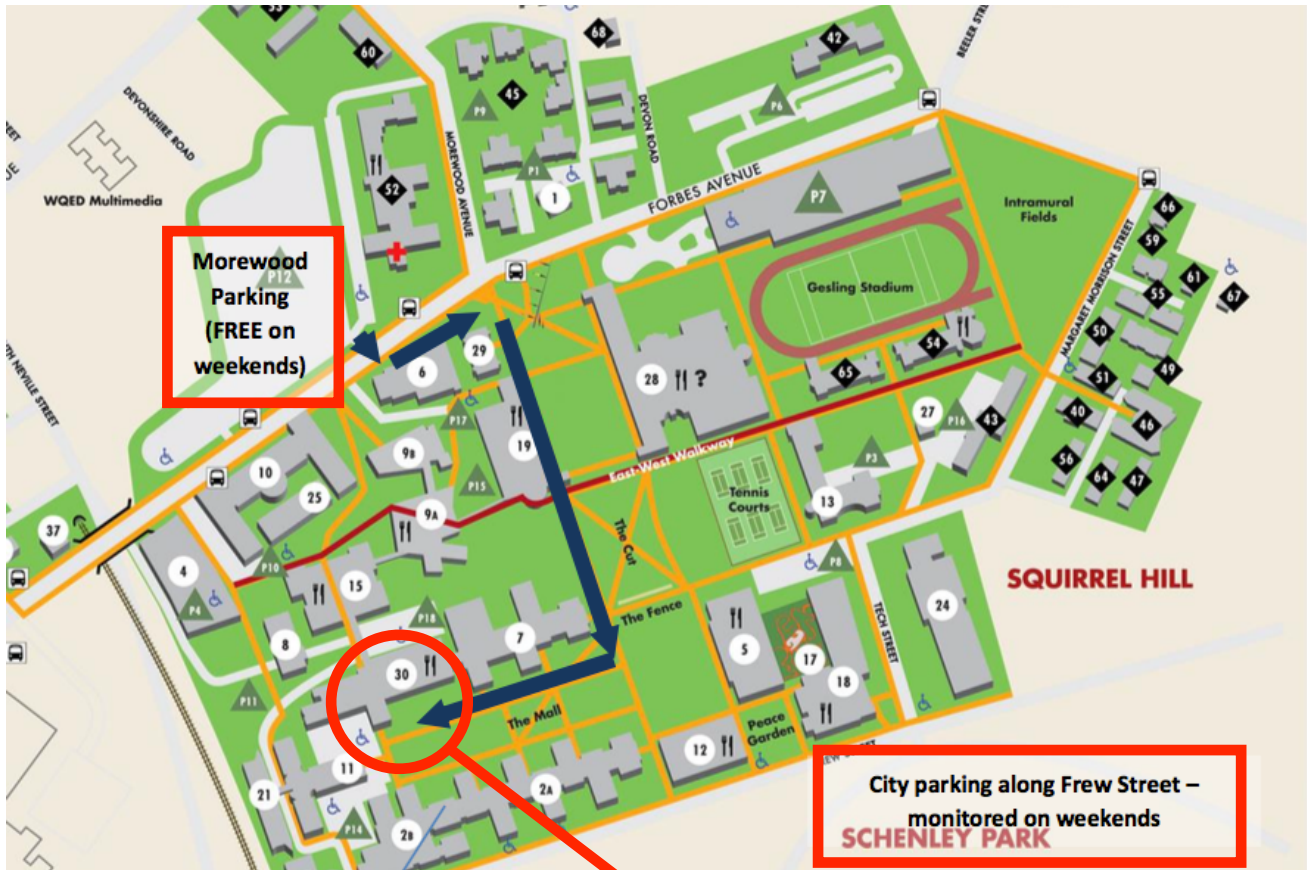
Details about the exact rooms and directions will be communicated through email. If this is inconvenient for you, please let us know when you return your forms and we will arrange to let you know through the phone.

Note: the city of Pittsburgh monitors parking on Saturdays. If you choose to park along Frew Street near Flagstaff Hill to drop off your child, please keep this in mind. The parking lot on Forbes, just west of Morewood Avenue, is open on Saturday and you can park there for free. There are several places to sit for parents who would like to stay on campus during the workshop – we can point these out to you.

Please complete the registration / information sheet on the third page and return by mail using the address on the form.

Questions? Contact Madison Scott at mlscott@andrew.cmu.edu

directions from Morewood Ave parking lot to Wean Hall



Wean Hall

CARNEGIE MELLON UNIVERSITY | ECE Outreach: Snap Circuit Lab Spring 2016

Complete AND mail to:

Katie Costa
Carnegie Mellon University
5000 Forbes Avenue, 1302 Hamerschlag Hall
Pittsburgh, PA 15213

Student Name: _____ Student Grade: _____

Parent / Guardian Name: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Emergency Contact (other than parent or guardian): _____

Phone: _____ Relationship To Student: _____

Does the child have any chronic or acute medical problems? YES NO

If yes, please explain: _____

Food allergies / dietary restrictions: _____

Medications that may need to be taken during this workshop: _____

Names of people authorized to pick up student: _____

MEDICAL TREATMENT PERMISSION & RELEASE

I desire my child to participate in the Snap Circuit Lab ("the Program"). I understand that there are hazards and risks, as well as benefits, associated with my child's participation in the Program. In consideration of the benefits of my child's participation in the Program, I, on behalf of myself, my child, my or their heirs, executors, administrators, agents, assigns, and other personal representatives, irrevocably and unconditionally remise, release, settle, compromise and forever discharge any and all manner of suits, actions, causes of action, damages and claims, known and unknown, that I or my child, have or may have against Carnegie Mellon University and/or its trustees, officers, employees, agents, assigns, or contractors arising from or connected with my child's participation in the Program, including the securing of medical treatment for my child during my child's participation in the Program.

I give my permission to Carnegie Mellon University, its employees, agents, assigns, or contractors to secure medical treatment for my child in the event that such treatment is needed during my child's participation in the Program or related activities. I agree to assume financial responsibility for the cost of such treatment.

The laws of the Commonwealth of Pennsylvania shall apply to this Medical Treatment Permission & Release. If any of the provisions, terms, clauses, or waivers or releases of claims or rights contained herein are declared illegal, unenforceable, or ineffective in a legal or other forum or proceeding, such provisions, terms, clauses or waivers and releases shall be deemed severable, and all other provisions, terms, clauses and waivers and releases of claims and rights contained herein shall remain valid and binding.

I sign this document with the intent to be legally bound by it. I am an adult, competent to sign this document. I am signing this document voluntarily. I have read it and I understand its contents.

Signature of Parent or Guardian

Date

IMAGE PERMISSION & RELEASE

We may photograph the students completing the activities for this workshop and the photographs would be used for non-commercial purposes (i.e. we will not sell them) such as promoting the program on campus or to encourage other families to participate in coming years. Please indicate if you give us permission to use your child's image for such purposes by signing below:

I give permission for my child, as a participant in SPARK Saturdays to be photographed in connection with the Program. I give permission for Carnegie Mellon to use photographed materials in university publications, or other websites for publicity purposes, or in any other non-commercial manner that it chooses. I hereby waive and release any rights that I may have to said photographed materials.

Signature of Parent or Guardian

Date