



TO: MESA USA State Directors (Arizona, California, Colorado, Hawaii, Illinois, Maryland, New Mexico, Oregon, Pennsylvania, Utah and Washington)

FROM: Liz Riepnieks, Risk Management & Treasury Coordinator

RE: Background Clearances for MESA USA National Competition Delegations

DATE: May 30, 2018

Dear MESA USA colleagues,

We look forward to having your delegations to Temple University's main campus in Philadelphia, PA, June 19 – 23, 2018.

Your signature below verifies and attests that all background clearances (child abuse, criminal, and FBI) for accompanying adults (teachers and chaperones), as well as team liability waivers and parental releases for your state's delegation will be reviewed and current prior to arrival at Temple, or we regret your delegation will be unable to participate in Temple's campus based activities. **Please forward the attached release documents to your respective school delegations to complete for each student. All forms should be returned via fax or e-scan on or before June 8, 2018 via e-scan to Hong-mei.li@temple.edu.**

If you have any questions concerning this document, please contact Hong-Mei, STEM Program Manager at her email above or by phone at 215-204-7067. Look forward to seeing you soon!

Liz Riepnieks

Print Name

Signature

Date

MESA State/Institution

Cc: Lisa Zimmaro, Esq. SVP, Temple University Risk Management and Insurance Department



MESA USA, Pennsylvania MESA, and Temple
University Release and Assumption of Risk

Summer Activity: MESA USA National Engineering Design Competition, June 19-23 2018

CAMP ORGANIZER, MESA USA, USOE, Temple University, its Trustees, Officers, Employees, and Agents, together the "GROUP".

1. Participant wishes to participate in the above-referenced summer activity ("Activity"). Participant understands that risks and dangers in the Activity include but are not limited to: Falls or injuries resulting from falling objects or improperly used equipment, which could result in damage to or loss of property, illness or disease, physical or mental injury or death of participant or other persons. Participant freely participates in the Activity. **Participant understands and assumes all associated risks of personal injury or loss, bodily injury (including death), damage to, loss, or destruction of any personal property occurring in connection with or arising out of participation in the Activity.**

2. Participant states to the best of his or her knowledge that Participant is free from any known health condition that could hinder or prevent active participation in or otherwise jeopardize the well-being of others in the Activity. By his/her signature below, Participant affirms that Participant is in good health and that participation in the camp will in no way aggravate such health condition. Participant will seek medical advice as appropriate. In the event of an emergency, Participant grants the "GROUP" permission to authorize emergency medical treatment for [himself/herself] for the duration of [his/her] participation in this Activity:

Emergency Contact: Name _____ Phone _____

Participant understands that the "GROUP" does not carry or provide health or accident insurance that responds to injury or illness as a result of his/her participation in this Activity.

3. Participant agrees to, and understands the importance of, following rules and regulations as set forth by Activity leaders to minimize risk to Participant and others. Participant will not bring or possess any items, such as knives, weapons, and illegal drugs, which might endanger Participant or others. Possessing the above may result in removal from the Activity.

4. Participant hereby releases and discharges, indemnifies and holds harmless the "GROUP", a body corporate, and its member officers, agents, employees and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from Participant's participation in the Activity.

Having had sufficient time to review and seek explanation of the provisions contained above, Participant voluntarily gives consent and agrees to this Release and Assumption of Risk:

Participant's name: _____

Participant's signature: _____ Date: _____

If Participant is under 18 years of age:

Parent(s) or Legal Guardian(s) Name: _____

Signature: _____ Date: _____



Pennsylvania MESA Photo Release Form

Participant grants the "GROUP" in addition to all official sponsors, the right to record and use, reproduce, exhibit, or distribute Participant's likeness and voice in any medium without compensation as a result of his/her participation in this Activity.

Participant hereby releases the "GROUP" for any violation of any personal or proprietary rights Participant may have in connection with such use. Participant understand that all such recordings, in whatever medium, shall remain the property of the "GROUP". This release will remain in effect unless and until revoked in writing and delivered to the "GROUP".

Having had sufficient time to review and seek explanation of the provisions contained above, Participant voluntarily gives consent and agrees to Photo Release Form:

Printed Name: _____ Signature: _____

Address: _____

Organization Name (If Applicable): _____

Parent/Guardian Printed Name (If Under Age 18): _____

Parent/Guardian Signature (If Under Age 18): _____



Student Medical & Travel Release Form

Students Name: _____ Parents: _____

Address: _____ City & State: _____

Date of Birth: _____ Age: _____ Sex: M ___ F ___ Phone No: _____

Health/Accident Insurance: _____ Policy No. _____

Emergency Medical Information

Has it ever been necessary to restrict your child's activities for medical reasons? _____

If yes, explain:

Does your child take regular medicine or have special care? If yes, please explain:

My Child has or is subject to (check and give details):

____ Allergy to a medicine, food, plant, animal or insect toxin (explain):

____ Any condition that may require special care, medication, or diet (explain):

Parent Evaluation and Advice

Recommendations for monitoring participation (explain any restrictions OR limitations):

Consent & Liability Waiver Statement

To the best of my knowledge, the information above is accurate and complete. I give my permission for full participation in Temple University's College of Engineering program/courses/lecture, with the exception of the limitation listed above. In the event of illness or accident in the course of such activity. I request that measure be instituted, without delay, per the judgement of Temple, its associated partners and project staff.

My family and I agree to hold Temple University – Of The Commonwealth System of Higher Education completely harmless in the event of accident or injury to my child during participation, **including public transportation to, during and from the university**. We have enrolled at our own risk and may stop participating at any time. We also acknowledge that Temple University has zero tolerance policy for violence, harassment or any behavior that can be constructed as discriminatory, threatening or intimidating (bullying) to any other student, faculty or staff in this program.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____