

**Undergraduate Research & Innovation
2017 Research Internship for High School Students**

Medical & Emergency Information Form

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**STUDENT INFORMATION:**

Name: \_\_\_\_\_ E-mail (required): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone (required): \_\_\_\_\_

SS #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

High School: \_\_\_\_\_ Major of Interest: \_\_\_\_\_

Check here if you need a letter of participation for your school

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**MEDICAL EMERGENCY CONTACT INFORMATION:**

**Person to Contact first, in case of Emergency:**

Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Backup Contact (Relative or Friend)**

Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**INSURANCE POLICY INFORMATION:**

Primary Policy Holder's Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Plan #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**MEDICAL INFORMATION:**

Does participant have any medical condition we should be aware of? Please include any allergies. If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

\*This form is required. This information is confidential and only requested so that in the event of an emergency we are able to respond quickly to the requests of emergency personnel. No one is routinely provided with this information.

## **Division of Undergraduate Research & Innovation 2017 Research Internship for High School Students**

### **-Release and Waiver of Liability Form-**

**(Note: this form is required and must be signed by the participant's legal guardian)**

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I am the parent or legal guardian of the Participant, _____, and I hereby allow Participant to participate in the research internship ("Program") for High School Students sponsored by The Division of Undergraduate Research and Innovation on the NJIT campus (start date)_____ - (end date)_____, 2017. **In consideration of my child's participation in the Program, I hereby execute the following Acknowledgement, Assumption of Risk, and Release.**

I understand and accept that participation in this activity/trip may expose my child to hazards. Some of the dangers and risks to which I may be exposed include, but are not limited to:

- **Mishaps, unpleasant and/or life threatening activities**
- **Transportation risks to and from the event**
- **Injuries related to physical activities and exertions**

I further acknowledge that some or all of these risks may expose my child to the danger of serious bodily harm, injury and even death. I accept and assume full responsibility for all these risks and acknowledge that I understand my responsibility in decision-making. I agree that I am knowingly and voluntarily assuming them.

I agree and/or represent that:

- **I will be solely responsible for all costs related to my child's participation in the Program**
- **NJIT may take photographs and make other recordings of my child during the Program and I consent to the use of his/her name and these photographs and recordings, without compensation, in any promotional materials and publications related to the educational activities of NJIT**
- **I understand that if my child does not comply with these rules or otherwise conduct him/herself in a responsible manner, NJIT may remove him/her from the Program and he/she will be sent home at my own cost**

I represent to NJIT that there are no health-related reasons or other problems of which I am aware that preclude or restrict my child from participating in the Program and I hereby authorize NJIT to secure necessary emergency medical treatment in the event of injury or illness while my child is participating in the Program at my own cost. I understand that NJIT will provide no health and/or accident insurance to my child covering any injuries that he/she may suffer while participating in the Program.

In consideration of my child's participation in the Program, I, for him/herself, his/her family, heirs, assigns and other representatives, agree to indemnify and hold harmless NJIT, its trustees, officers, employees, faculty, and agents ("NJIT Releasees"), from and against any blame and liability for any inconvenience, injury, death, loss to person or property, or any other damage of any kind whatsoever, which may result from or be connected in any way to my child's participation in the Program or in transit to or from the Program. I hereby release, waive, discharge and covenant not to sue NJIT Releasees for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death that occurs as a result of my child's participation in the Program.

I also agree that as participants of the Program are considered guests of the university and must observe the following guidelines:

- Students will participate fully in all scheduled activities;
- Students will not invite guests, relatives or friends to campus (unless approved);

Should my child fail to observe any of the guidelines above, or is disruptive, a NJIT staff member will contact me and my child may be sent home at my expense.

This Acknowledgement, Assumption of Risk, and Release shall be governed by and construed under the laws of the State of New Jersey, without regard to its choice of law principals. I agree not to commence or prosecute any action in connection herewith other than in the state and/or federal courts of the State of New Jersey, venued in Essex County.

By signing this Release and Waiver of Liability, I state that I have read and understand the conditions set forth in the Release and that I agree to all conditions set forth herein, and that I sign this voluntarily.

Date: _____

Participant Name (please print)

Participant Signature

Name of parent or Guardian (please print)

Signature of Parent or Guardian (required)

Home Phone # of Parent or Guardian: _____

Work Phone # of Parent or Guardian: _____

Cell Phone # of Parent or Guardian: _____