**Did you know there was computer software that would allow you to design**

**a lip-stick case or a cover for your i-device and make a plastic model of**

**your design in less than an hour?**

***How can social media help you prepare for college?***

**Just how do you construct a building to resist a tsunami?**

***Ever wonder how fingerprint scans or eye scans work in security systems (or how much money you can make designing biometric systems)?***

**YOU ARE INVITED!**

**Women in Science, Engineering and Technology**

Saturday, May 21, 2011

8:30am – 3:30pm

UMKC Campus – Haag Hall Room 301

**Come to the UMKC campus to explore the worlds of technology, engineering and science through “hands-on” activities that allow you to test and experiment with “real world” situations. Program includes:**

**Woman to Woman Panel Discussion** - Learn what it’s really like to be a scientist or an engineer,

coming to you straight from current UMKC students and women professionals.

**Putting Your Best Facebook Forward** - Learn cool ways to use Facebook and other types of social

media to promote your interests and give you a head start on getting into that college program!

**How Stuff Gets Made: 3-D Modeling and Rapid Prototyping** – Use special computer software to design

plastic models and see how a design can quickly be turned into a real object, ready to test.

See how stuff gets invented!

**Biometrics: The Science of Identity** –Explore the lab where the newest technologies for safety and

security are being created and experiment with your unique identifiers!

**Geo-what Now?** - Explore how to construct buildings to withstand tsunamis, flooding and other natural

disasters through geotechnical engineering. Build and test for yourself.

**Apply early – Space is limited!**

**Questions? Contact Marji Datwyler at 816-235-6706 or** [**datwylerm@umkc.edu**](mailto:datwylerm@umkc.edu)**.**



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| **Women in Science, Engineering and Technology**  **PARTICIPANT APPLICATION**  **Please address completed applications and questions to:**  Marji Datwyler Women in Science, Engineering and Technology Program  [datwylerm@umkc.edu](mailto:datwylerm@umkc.edu) UMKC Division of Diversity Access and Equity  Office: 816-235-6706 5100 Rockhill Road - 218B Administrative Center  **Fax: 816-235-5532** Kansas City, MO 64110-2499 **APPLICATION DEADLINE is MAY 13,2011!** | | | | | | |
| **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Apt./Unit** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Can you receive text messages?** ⬜ Yes ⬜ No | | | | |
| **Do you have computer access?** ⬜ Yes ⬜ No **If YES, where?** ⬜ Home ⬜ School ⬜ Library ⬜ Work ⬜ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **EDUCATION DATA** | | | | | | |
| **Name of school you currently attend:** ⬜ ACECC ⬜ Alta Vista ⬜ Brookside ⬜ Center ⬜ Central ⬜ Cristo Rey ⬜ De LaSalle ⬜ East ⬜ Fairfax ⬜ Grandview ⬜ Harmon ⬜ Hogan ⬜ Lincoln ⬜ Northeast ⬜ Paseo ⬜ Raytown ⬜ Raytown South ⬜ Ruskin  ⬜ Schlagle ⬜ Southwest ⬜ Sumner ⬜ University Academy ⬜ Washington ⬜ Wyandotte ⬜ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **What grade are you in as of April 2011?** ⬜ Freshman ⬜ Sophomore ⬜ Junior⬜ Senior **Month/Year you will graduate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Favorite academic subject(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Your last semester grade point average (GPA) was: \_\_\_\_\_\_\_\_\_ for** ⬜ Spring ⬜ Fall | | | | **Your overall grade point average (GPA):** \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **List the club(s)/program(s) you participate in:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **What are your career interest(s)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **What are your hobbies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **I would like to participate in this program because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **HEALTH INFORMATION** | | | | | | |
| **List any health conditions that may affect of limit full participation in the program activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **List any allergies (food, medicine, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **OPTIONAL INFORMATION** | | | | | | |
| **Gender:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ethnicity:** ⬜ African American ⬜ Hispanic/Latina/Latino ⬜ American Indian/Alaskan Native ⬜ Asian  ⬜ Native Hawaiian/Other Pacific Islander ⬜ White, not of Hispanic Origin ⬜ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **SIGNATURE** | | | | | | |
| **Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
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| **PARENT/GUARDIAN INFORMATION**  **FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **MOTHER/GUARDIAN’S INFORMATION** | | | | |
| **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Relationship to applicant:** ⬜ Mother ⬜ Step-Mother ⬜ Grandmother ⬜ Foster Parent ⬜ Aunt ⬜ Sister ⬜ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mailing Address (if different from applicant’s) City State Zip** | | | | |
| **Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Best time to contact:** ⬜ Morning ⬜ Afternoon ⬜ Evening **Preferred Time:** \_\_\_\_\_\_\_\_\_\_\_ **Preferred Phone:**  ⬜ Work ⬜ Home ⬜ Cell | | | | |
| **Email Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Highest level of education completed:** ⬜ High School/GED ⬜ Professional/Technical School (1-2 yrs) ⬜ Some College (no degree)  ⬜ Associates Degree ⬜ Bachelors Degree ⬜ Masters Degree ⬜ Doctorate Degree | | | | |
| **OPTIONAL INFORMATION: Ethnicity:** ⬜ African American ⬜ Hispanic/Latina/Latino ⬜ American Indian/Alaskan Native ⬜ Asian  ⬜ Native Hawaiian/Other Pacific Islander ⬜ White, not of Hispanic Origin ⬜ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **FATHER/GUARDIAN’S INFORMATION** | | | | |
| **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Relationship to applicant:** ⬜ Father ⬜ Step-Father ⬜ Grandfather ⬜ Foster Parent ⬜ Uncle ⬜ Brother ⬜ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mailing Address (if different from applicant’s) City State Zip** | | | | |
| **Work Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Best time to contact:** ⬜ Morning ⬜ Afternoon ⬜ Evening **Preferred Time:** \_\_\_\_\_\_\_\_\_\_\_ **Preferred Phone:**  ⬜ Work ⬜ Home ⬜ Cell | | | | |
| **Email Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Highest level of education completed:** ⬜ High School/GED ⬜ Professional/Technical School (1-2 yrs) ⬜ Some College (no degree)  ⬜ Associates Degree ⬜ Bachelors Degree ⬜ Masters Degree ⬜ Doctorate Degree | | | | |
| **OPTIONAL INFORMATION: Ethnicity:** ⬜ African American ⬜ Hispanic/Latina/Latino ⬜ American Indian/Alaskan Native ⬜ Asian  ⬜ Native Hawaiian/Other Pacific Islander ⬜ White, not of Hispanic Origin ⬜ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **IN CASE OF AN EMERGENCY—PLEASE CONTACT:** | | | | |
| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | |  | |
| **Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | | |
| **Diversity Logo mainC:\Users\datwylerm\Pictures\UMKC-sce_RGB.png**  C:\Users\datwylerm\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\8CIWKRUV\wclogo edited2.jpg | | | | |

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| **Women in Science, Engineering and Technology**  **PARTICIPANT CONSENT FORM** |
| **APPLICANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **APPLICANT CONSENT TO PARTICIPATION** |
| I certify that this enrollment form was completed by me (the student) or my parent/legal guardian and that all information is accurate. I understand that by submitting my application for this program, I am willing to participate to the best of my ability in UMKC educational activities and opportunities offered to me. I also understand that lack of participation or actions that place me or other participants in harm’s way will result in being removed from the program.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Student Signature Date*** |
| **CONSENT TO PARTICIPATE** |
| I have read the enrollment form and certify that the information is accurate. I give permission for my child to participate in the Women in Science, Engineering and Technology program and I understand that I may contact UMKC at any time to receive additional information regarding the program. I agree to support my child throughout the program and will provide or arrange for transportation to and from designated pick-up sites. I’ll willingly respond as requested to UMKC surveys regarding her/his progress and I understand this information will remain confidential. If my child does not participate or acts in ways that place herself or others in harm’s way, I understand that she will be removed from the program.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Parent/Guardian Signature Date*** |
| **MEDIA RELEASE** |
| I hereby give UMKC permission to use photographs/video clips of my child participating to be used in publications, newsletters, television, website, or other visual media as related to the promotion of programs. Videotapes/photographs become the property of the UMKC and may be used for news, education, or other purposes related to the advancement of the programs.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Parent/Guardian Signature Date*** |
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**Participant Acknowledgement of Risk and Release of Liability**

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| UMKC Women in Science, Engineering and Technology  **Activity/Program** | Division of Diversity, Access & Equity  **Department** | 5/21/2011  **Program Date** |
| In consideration of the services of **The Curators of the University of Missouri**, on behalf of the University of Missouri-Kansas City, its agents, officers, employees and all other persons or entities acting in any capacity on its behalf (hereinafter referred to as UMKC), I hereby agree to release and discharge The University of Missouri, the Women’s Foundation of Greater Kansas City, and each of their members, directors, officers, employees, curators, and agents (collectively referred to as the "Released Parties"), on behalf of myself, my heirs, assigns, personal representatives and estate as follows:   1. I understand and acknowledge that the Women in Science, Engineering and Technology Program I am about to voluntarily engage in bears certain known and unanticipated risks which could result in injury, death, illness, disease, emotional or physical distress, damage to myself, property or to third parties. 2. I expressly agree and promise to accept and assume all of the risks existing in the Women in Science, Engineering and Technology Program. My participation in this activity is purely voluntary. No one is forcing me to participate, and I elect to participate in spite of the risks. 3. I waive my right to make a claim or file a lawsuit against the Released Parties if anyone is hurt or any property is damaged during my participation in and travel to and from the Women in Science, Engineering and Technology Program. 4. I certify that I have health, accident and liability insurance to cover any bodily injury or property damage I may cause or suffer while participating in the Women in Science, Engineering and Technology Program, or else I agree to bear the costs of such injury or damage to myself. | | |
| I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify the Released Parties from all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in the Women in Science, Engineering and Technology Program.  My signature below indicates that I have had sufficient opportunity to read this entire document, that I have read it, and that I understand how it affects my legal rights. I agree to be bound by its terms.  **Participant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **If participant is less than 18 years of age:**  I hereby declare that I am the parent or legal guardian of the named participant and I consent to the participant’s participation in this program. In the event of sudden illness, accident, or injury which may occur while my child or ward is engaged in the Women in Science, Engineering and Technology Program, when neither the parents nor guardians can be contacted, I hereby give my consent for emergency medical treatment as necessary under the circumstances to any medical care provider licensed under the laws of the State of Missouri.  **Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |