

University of Alaska Anchorage
TRiO National Day of Service
Monday, February 20, 2012

Itinerary

| | |
|-----------------|---|
| 9:30am-10:00am | Drop Off |
| 10:00am-11:00am | Sustainability Training (Student Union Cafeteria) |
| 11:00am-12:00pm | Lunch (Student Union Cafeteria) |
| 12:00pm-1:00pm | Keynote Speaker, Dr. Joe Martin (Student Union Cafeteria) |
| 1:00pm-4:00pm | UAA Sustainability Project |
| 4:00pm-4:15pm | Pick Up |

Drop Off/Pick Up Location:

UAA Student Union
2921 Spirit Way
Anchorage, Alaska 99508

Meals Provided: Lunch and Snack

Contact Information:

UB Program Manager
Shauna Dunn 907-786-4077

ETS Program Manager
Megan Tompkins 907-980-5067

Please Turn in Paperwork to:

- FAX: 907-786-6701
- Email: ets@uaa.alaska.edu
- You can also turn in completed paperwork to your Advisor!



**AGREEMENT TO RELEASE ALL CLAIMS FOR INJURY AND TO PROTECT
THE UNIVERSITY AND OTHERS FROM ANY SUCH CLAIMS THAT MAY BE BROUGHT
(FOR MINOR PARTICIPANTS - AGE 17 AND YOUNGER)**

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|--|------------------------|--|
| THIS SECTION TO BE COMPLETED BY UA DEPARTMENT | | |
| Department Name: TRiO Programs (Educational Talent Search & Upward Bound) | | |
| Faculty/Staff Contact Name: Megan Tompkins, ETS Program Manager Shauna Dunn, UB Program Manager | | Phone: 907-980-5067 Phone: 907-786-4077 |
| Name of Event: TRiO National Day of Service | | Date(s): February 20, 2012 Monday |
| List Activities: | 10:00am-11:00am | Sustainability Training (Student Union Cafeteria) |
| | 11:00am-12:00pm | Lunch (Student Union Cafeteria) |
| | 12:00pm-1:00pm | Keynote Speaker, Dr. Joe Martin (Student Union Cafeteria) |
| | 1:00pm-4:00pm | UAA Sustainability Project (weighing up trash from different UAA buildings and recording sustainability statistics) |

PRINT PARTICIPANT NAME _____ AGE _____

My child, identified above, has chosen to be a participant in the above referenced Event. As his/her parent/legal guardian, I support my child's decision to participate in this Event and, by signing below, indicate that I have reviewed the following information with my child and that we understand and agree to the information presented.

I have made this choice in recognition and appreciation that there will be known and unknown risks, dangers and hazards which may be encountered in the above-mentioned Event. These risks, dangers and hazards include, among others, defective equipment which may break, be improperly adjusted, or be ill suited to my child's abilities or physical size or condition; and inadequate or erroneous information about risks, faulty warnings or improper directions from the University personnel. I understand that these risks can cause permanent physical and mental injury or death (herein collectively referred to as "injury"). I also recognize that these consequences may be caused by the negligence or gross negligence (herein collectively referred to as "fault") of the University of Alaska or fellow participants.

With all of the above risks, dangers, hazards and consequences in mind, I DO HEREBY VOLUNTARILY ASSUME ALL RISKS, DANGERS AND HAZARDS that I or my child may encounter during participation in, and transportation to, from or as a part of, the Event. In addition, I declare that I intend that I, not the University, will be financially responsible for any injury that may occur to me or my child during or as a result of such participation or transportation, even if caused by the fault of the University.

Further, in consideration of being permitted to participate, I hereby agree to release the University of Alaska, its board of regents, officers, agents, and employees, (Released Parties) from all liability and claims of any kind, including claims for loss, expense, damages, punitive damages or attorney fees, or loss of companionship or

support of family, occurring during or as a result of participation in, or transportation to, from or as a part of this Event (Claims). This release applies even if such Claims are based on the fault of Released Parties.

Further, I promise to indemnify and hold harmless the University of Alaska, and pay its costs of defense, if Claims are brought by me, my child, or anyone else against any of the Released Parties to recover money damages related to injury to or death of me or my child. This promise applies even if the Claims are based on the negligence or gross negligence of the University or other related parties

I understand that special personal accident insurance may be available to me, upon my request at my expense, through University of Alaska managed plans or otherwise, and that any obligation to purchase insurance is entirely mine.

I have entered into this agreement on the basis of my own information and not in reliance upon representations of the University or other Released Parties. I understand that I have the right to consult an attorney of my choice before signing. I further understand that this document contains the entire agreement and no oral or written agreements limiting or modifying the effect of the terms of this agreement exist. I agree that if any part of this agreement is held to be invalid or unenforceable for any reasons, the balance of the agreement remains valid and enforceable.

I intend that this agreement is and will be binding on my family, estate, heirs, successors, assigns, insurers, medical providers and personal representatives.

By my signature, I represent that I have knowingly and voluntarily signed this agreement with the intent that it be a legally binding document designed to protect the University of Alaska and other Released Parties from all Claims which could be brought by myself or anyone else on account of injury to me or my child, regardless of cause or fault.

PARTICIPANT SIGNATURE DATE

ADDRESS: _____ TELEPHONE: _____

In consideration of UA's allowing the child to participate in the Event, the undersigned parent(s) or guardian agree on their own behalf, and on behalf of their child, to release UA from any claim the child, parent(s) or guardian may have because of injury or loss suffered by the child, including injury or loss claimed to be caused by the fault of UA. In addition, the parent(s) or guardian agree on their own behalf to protect and indemnify UA from any claim and related expenses and fees, brought at any time by the child or by anyone on the child's behalf, or by any member of the child's family, arising out of the child's enrollment or participation in the activity. This indemnity includes Claims based on UA's negligence or gross negligence.

PRINT NAME: _____ DATE: _____
(PARENT/LEGAL GUARDIAN)

SIGNATURE: _____ DATE: _____
(PARENT/LEGAL GUARDIAN)

RB: 3-25-2008

DISTRIBUTION: Original - Department

Copy - Participant

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|---|---------------|---------------|--------------|
| STUDENT ACCIDENT INSURANCE MAY BE AVAILABLE THROUGH RISK MANAGEMENT | | | |
| UAA: 786-1351 | UAF: 474-7889 | UAS: 465-6496 | SW: 450-8150 |

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Code of Conduct

TRiO Programs at UAA are committed to maintaining an environment that fosters appropriate conduct and communication between all persons. As such, all students must conduct themselves in a manner that promotes safety, respect, responsibility, and integrity. Students are expected to refrain from disruptive behavior during workshops, classes, career tours, and travel.

Students are expected to dress appropriately and to use tasteful judgment when choosing attire. Refrain from wearing sagging pants and revealing clothing. **The following items are recommended for this event: Casual Clothing (with program gear if possible) and closed toed non-slip shoes.**

Please note that the rules that you are governed by in your respective schools in the Anchorage School District apply to TRiO events as well. Failure to adhere to the code of conduct could result in termination of event, suspension or expulsion from the TRiO program and/or Anchorage School District.

The TRiO Program staff appreciates your commitment to excellence!

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____