

# iINVENT

## 2021 Summer Camps



### STUDENT CAMP REGISTRATION FORM

All information provided is confidential and will not be used or sold for any other purpose.  
Email completed application to [precollege@oregonstate.edu](mailto:precollege@oregonstate.edu).

#### Student Information (one student per application)

Student Name  Date of Birth  Gender  Grade

Mailing Address  City  State  Zip

Home Phone  Student Email Address

#### Parental Contact Information (please list a phone number where you can be reached while your child is in camp)

Parent/Guardian Name  Work/Cell Phone  Employer

Parent Email Address

#### Emergency Contact Information (person to contact if we are unable to reach you.)

Name  Relationship to Student  Work/Cell Phone

#### Camp Information

Camp Location/City (which camp location will your child be attending?)

Camp Dates (what are the dates of the camp your child will be attending?)

**Email:**  
[precollege@oregonstate.edu](mailto:precollege@oregonstate.edu)

**Phone Number**  
(541) 737-0534

**Website**  
[precollege.oregonstate.edu/be-inventor-iinvent](http://precollege.oregonstate.edu/be-inventor-iinvent)

## Demographic Information

**NOTE:** Providing demographic information is optional. Information will be treated as confidential and will only be used for reporting for grants that help us serve a wide range of students.

- American Indian or Alaskan Native     Asian     Black or African American     Native Hawaiian or Pacific Islander  
 Hispanic or Latinx     White     Multi-racial     Other \_\_\_\_\_

## Ethnicity

- Hispanic or Latinx     Not Hispanic or Latinx     Decline to Answer

## Federal Free/Reduced Lunch

Does the applicant participate in the Federal Free or Reduced Lunch Program?

- Yes     Eligible, but does not participate     Not Eligible     Decline to Answer

## Parent/Guardian Education

- Did Not Complete High School     High School Diploma or GED     Some University But No Degree  
 Technical Career or 2-Year Degree     Bachelor's Degree     Masters Degree  
 Doctorate or Professional Degree     Decline to Answer

## Expectations

### As a participant in an iNVENT Summer Camp:

- I will treat fellow participants and staff with respect.
- I will challenge myself to learn and advocate for my needs, including requesting help or accommodation when I need it.
- I will follow staff instructions and raise concerns respectfully.
- I will be an active bystander and do what I can to help others or find help when needed.
- I will participate in all scheduled activities and will stay with my group.
- I will respect property and supplies. If I damage items intentionally, I am held responsible.

### What are the consequences if I do not meet expectations of the program?

- Staff will give me a warning regarding behaviors and actions that are not allowed and in most cases give me an opportunity to correct the behavior.
- Depending on the behavior, staff may also contact my parent or guardian.
- Some behaviors may result in immediate termination.

### As the parent/guardian I will support my child's participation in this program by:

- Making arrangements so my child is able to participate in the program.
- Working together with program staff to resolve issues that arise with my child.

### Program staff commit to:

- Respectful and effective communication with all participants and their parents.
- Helping students have a fun and safe experience.
- Addressing problems that are brought to our attention.
- Creating an environment where everyone is welcomed and given the opportunity to succeed.
- Keeping all communication with participants relevant to the goals of the program (invention/college readiness) and within the time frame of the camp.

I have read and reviewed this information with my student, and we agree to these expectations.

Parent/Guardian Signature

Date

Student Signature

Date

With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation, including all risk of property damage and injury to others and to myself. I agree to comply with all of the rules and conditions of participating in the ACTIVITY. I understand as a participant in this camp/clinic, I am being provided limited medical coverage under an insurance policy that provides protection for covered accidents while participating in the ACTIVITY. This limited medical coverage will act as the primary insurance up to its limits. If medical costs exceed the coverage limits, I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the ACTIVITY, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my participation in the ACTIVITY. I will indemnify and hold Oregon State University, its officers, board members, agents, and employees (hereafter referred to as UNIVERSITY) harmless with respect to any and all claims, injuries, and costs associated with my participation in this ACTIVITY.

Furthermore, I acknowledge that I am solely responsible for any action that I participate in associated with this ACTIVITY or around this ACTIVITY, regardless if occurring before, during or after the period of the ACTIVITY. I will conduct myself in a manner that is considerate of other participants and in accordance with UNIVERSITY Rules and Regulations (including Student Code of Conduct, when applicable) and with any state, city and applicable laws or rules where the ACTIVITY is occurring. If this ACTIVITY is an off-campus UNIVERSITY sponsored event, such as field trips, conferences, research, experiential learning, extension of classroom learning, etc., I understand that conduct not acceptable in the classroom setting is not acceptable during this ACTIVITY and will be handled in accordance with the Student Conduct Regulations. In addition, I understand that if I travel to the ACTIVITY with a UNIVERSITY group and/or advisor, I will return with the group unless prior arrangements have been made with the UNIVERSITY faculty/staff who is supervising the ACTIVITY.

I recognize and acknowledge that the UNIVERSITY may record my participation and appearance in ACTIVITY on any recorded medium including, but not limited to video, audio, photos (collectively "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, social media). I authorize such recording and release UNIVERSITY to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. If you would like to opt out of this section, please request the Photo Opt Out Release.

I am aware that if I provide a vehicle not owned and operated by the UNIVERSITY for transportation to, at, or from the ACTIVITY site, or if I am a passenger in such a vehicle, the UNIVERSITY is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled ACTIVITY, regardless if occurring before, during or after the period of the ACTIVITY.

To the extent permitted by law, and in consideration for being allowed to participate in the ACTIVITY, I hereby save, hold harmless, discharge and release the UNIVERSITY from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the ACTIVITY, whether caused by the negligence or carelessness of the UNIVERSITY or otherwise.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend the UNIVERSITY from any claim by the aforementioned parties arising out of my participation in the ACTIVITY.

I recognize and acknowledge that the UNIVERSITY makes no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the ACTIVITY.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I hereby certify that, with or without accommodation, I have no health-related reasons or problems that preclude or restrict my participation in the ACTIVITY. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the ACTIVITY.

In initialing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

Further, I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my dependent has or may have.

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Parent/Guardian Signature

Date