



## S.T.E.A.M. Camps and Programs

1200 North DuPont Highway – Dover, Delaware 19901

Telephone: 302-857-6820 Fax: 302-857-6142 Email: [ace@desu.edu](mailto:ace@desu.edu)

Participant Last Name: \_\_\_\_\_

Participant First Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

List all physical and /or dietary restrictions and any known allergies:

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

Parent/Guardian: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Home Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Email:

\_\_\_\_\_

Emergency Contact Person:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Person(s) NOT allowed to pick up child: \_\_\_\_\_

Please supply our office with a list of no more than four names of people **(18 years or older)** allowed to pick up your child. All persons should have a photo ID ready when picking up a child, including parents. This is a precaution we take for all children's safety as staff may rotate in responsibilities and may not be able to recognize all adults that come to pick up the children.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**WAIVER OF LIABILITY, ASSUMPTION OF RISK AND  
INDEMNIFICATION AGREEMENT**

**Waiver:** In consideration of being permitted to participate in the DSU's S.T.E.A.M. Camps and Programs (hereinafter called "Activity"), I, for myself, my child, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** Delaware State University, its officers, employees, and agents from liability **for any and all claims** resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, my child's participation in the Activity.

**Assumption of Risk:** Participants in the Activity understand that such participation carries with it certain inherent risks that cannot be eliminated entirely. The specific risks vary from one activity to another, but the risk range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injury including paralysis and death. **I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the said Activity.** I hereby **agree that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD Delaware State University HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result of my participation in the Activity.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks is intended to be as broad and inclusive as is permitted by the law of the State of Delaware and if any portion thereof is held invalid, it is agreed that the balance shall, continue in full legal force and effects.

**Acknowledgment of understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily and **intend by my signature to be bound by each term of this agreement** to the full extent allowed by law.

**EVENT ORIENTATION SHEET**

1. In case of medical emergencies, Emergency Medical Services will be contacted. If you want medical treatment to be provided to your child, please also sign and return the Consent for Medical Treatment Form.
2. Participants are expected to represent themselves in an appropriate manner, abide by campus policies, and understand that they will be held accountable for their behavior.

**I have read the above document, understand it and agree to abide by the rules set forth.**

**Name of Participant:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT FORM**

**For your child to receive medical treatment in the event of illness or injury while participating in DSU's S.T.E.A.M. Camps and Programs, please provide the following information and sign the consent form below:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Company & Policy Number:  
\_\_\_\_\_

Name of Policy Holder:  
\_\_\_\_\_

Employer: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

List any medical condition for which your child is currently being treated:  
\_\_\_\_\_

List all medications your child is currently taking:  
\_\_\_\_\_

List all food and medication allergies: \_\_\_\_\_

List all special accommodations and dietary restrictions: \_\_\_\_\_

---

**MEDICAL TREATMENT CONSENT: I \_\_\_\_\_**

(parent/guardian), do hereby consent and grant permission for my child,  
\_\_\_\_\_, to receive necessary medical treatment in the event of an injury or illness while attending the DSU's S.T.E.A.M. Camps and Programs. I accept full responsibility for the payment of all such medical charges. I hereby indemnify Delaware State University, the Student Health Center, its employees and representatives and hold them harmless in the exercise of their duties under this authority.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DELAWARE STATE UNIVERSITY PHOTOGRAPHY RELEASE**

In consideration of my engagement as a model during DSU's S.T.E.A.M. Camps and Programs, upon the terms herewith stated, I hereby give to DELAWARE STATE UNIVERSITY its legal representatives and assigns, those for whom DELAWARE STATE UNIVERSITY is acting, and those acting with its authority and permission:

- a) the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits or pictures of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.
- b) I also permit the use of any printed material in connection therewith.
- c) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.
- d) I hereby release, discharge and agree to hold harmless Delaware State University, its legal representatives or assigns, and all persons functioning under its permission or authority, or those for whom it is functioning, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.
- e) I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DSU S.T.E.A.M. Camps and Programs Virtual Summer Camps**

(Please check all that apply.)

**All camps are virtual and conducted using an interactive online platform. All campers will receive a kit (via regular mail or parent pick up) that will enable them to participate in interactive Online platform activities. All program activities will be facilitated by the camp aide program leader.**

| <input type="checkbox"/> | Date and Time   | Camp and Cost   |
|--------------------------|---|---|
| <input type="checkbox"/> | Morning Session:<br>8:00 AM – 12:00 PM<br>Lunch (on your own):<br>12:00 PM – 1:20 PM<br>Afternoon Session:<br>1:30 PM – 4:30 PM | Steam Adventures: Treasures of the Earth<br>(Earth Science Virtual Camp)<br>Grades 5th to 8th<br>Cost: \$250 (\$50 discount when registered with a sibling) |
| <input type="checkbox"/> | July 6 – July 24, 2020  | Filmmakers in the Making - Ages 13 to 15<br>Cost: \$200 per student   |
| <input type="checkbox"/> | August 3 – August 21, 2020  | Creative Writing - Ages 13 to 15<br>Cost: \$200 per student   |

**PAYMENT LETTER**

Delaware State University  
1200 North DuPont Highway  
Thomasson Building, Suite 202  
Dover, DE 19901

Dear DSU S.T.E.A.M. Camps and Programs,

Enclosed you will find a check/ money order for the sum of \$\_\_\_\_\_. This payment is for \_\_\_\_\_ camp beginning the week of \_\_\_\_\_.

This amount should cover the cost of the summer camp and before /after care (if applicable). If for any reason I decide not to attend the above camp I understand that there will be a \$35.00 processing fee deducted from my payment, and if the decision not to attend is made after the registration deadline (*a week prior to the camp start date*) the payment is **non-refundable**.

Payment option available (must pay registration fee \$35.00 with \$150 deposit).

Sincerely,

DSU S.T.E.A.M. Camps and Programs Registrant

**\*If mailing payment, please make checks out to DSU S.T.E.A.M. Camps and Programs \***

Mail Payment to:

Delaware State University  
1200 North DuPont Highway  
Thomasson building, Suite 202  
Dover, Delaware 19901

**Delaware State University**

Testing Services & Adult and Continuing Education