**2022 CBE WOMEN – April 2, 2022**

***Sponsored by the School of Chemical and Biomolecular Engineering Women’s Group***

**Parent/Guardian PERMISSION and REGISTRATION Form**

**Attendee Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Any special restrictions (e.g., allergies, dietary restrictions): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Numbers: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby consent to my child/dependent’s (attendee name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , volunteer participation in the 2022 CBE WOMEN program at Cornell University on April 2, 2022 knowing the potential dangers, hazards, and risks of injury and illness that may arise. Also, I understand and acknowledge that COVID-19 is a global pandemic and a public health risk and may become exposed to or infected by COVID-19 at Cornell University. I recognize that the University cannot limit all potential sources of COVID-19 infection. I agree to assume all risks and responsibilities surrounding my child/dependent’s volunteer participation in the program. I understand that my child/dependent must abide by all laws, regulations, Cornell University procedures, policies, and rules at all times during my child/dependent’s participation in the program. Please refer to Cornell University’s COVID-19 website for requirements of guests and visitors to attend programs on Cornell University campus. I understand that if I permit my child/dependent, or if my child/dependent chooses to participate in any conduct, excursions, or other activities in violation of Cornell University procedures, policies, and rules prior, during, or after the program, which are not included or part of the scheduled program, that they do so voluntary and that Cornell University is not responsible for my child/dependent or my child/dependent’s actions. Also, as a visitor to the University my child/dependent is responsible for their conduct and decisions, and is expected to exercise proper suitable judgment as to participation in the many educational, recreational and social activities that are available.

The program faculty, staff, students and volunteers are instructed not to communicate with your child outside of the program without a parent or guardian’s permission. If I become aware of any such unauthorized communication by a program faculty, staff, student, or volunteer, I will contact Dr. Susan Daniel (sd386@cornell.edu) or Dr. Rong Yang (ryang@cornell.edu).

I understand Cornell University is not responsible for any theft, damage or loss to my child/dependent’s personal property while participating in the program.

I understand that Cornell University does not provide any accident or medical insurance as respects to this program. I am responsible to provide any accident or medical insurance, and that it will be my responsibility to pay for emergency room care, doctors’ services, hospitalization, and nay other related costs, medical or non-medical. I further acknowledge that I will take all precautions that I deem necessary for my child’s personal safety and well-being, including, but not limited to, medical precautions as needed prior to the state of this program. Finally, I promise to inform Cornell University about any special needs my child may have or any precautions that faculty, staff, students, and volunteers must take prior to the state of the Program.

Acknowledging the above and on behalf of myself, my child/dependent, family members, executors, administrators, assigns, personal representative and next of kin, agree to HOLD HARMLESS Cornell University, their respective trustees, officers, agents, volunteers, and employees (collectively, “Released Parties”) from any liabilities, injuries, damages, expenses, causes of action, claims, or demands of any nature whatsoever, including any claims of negligence, on account of accident, personal injury, property damage or even death, however caused within the scope of this Program. In spite of these facts, I have given my permission for my child/dependent to participate in the program. If an accident occurs, I give my consent for emergency treatment.

*Photographs may be used for promotional materials and/or in applying for external funding, as well as potentially being on the event website. If you have any questions about this, please contact Ambika Pachaury at* *ap2387@cornell.edu* *or 774.285.3027.*

☐ **I DO /** ☐ **I DO NOT** authorize Cornell University to photograph, audio, and/or video record my child during the program; and use or distribute any picture, audio or video recording related to the program in which my child is depicted without limitation. Cornell University is granted permission to use such materials for educational fund-raising, promotional or other purposes worldwide. I further consent to Cornell University preserving these recordings until four years after my child/dependent turns eighteen (18) years of age.

*The parent program will include discussions on the college application process and preparation for a career in engineering. There will also be a lab in the afternoon where parents/guardians can participate in experiments.*

☐ **YES /** ☐ **NO** I, the Parent/Guardian, will be attending the WOMEN program at Cornell University on April 2, 2022.

I agree that this Permission and Release Agreement shall be governed by the laws of the State of New York, without regard to conflicts of laws principles. I agree that any dispute about the terms of this Permission and Release shall be presented to a court of competent jurisdiction in the State of New York with a venue in Tompkins County.

**I certify that I have read and fully understand this entire Permission and Release Agreement, and understand the dangers involved in participating in this program. I am fully aware of the legal consequences of this Permission and Release Agreement, and I agree to its terms. I represent and warrant that I am eighteen (18) years of age or older and have legal authority to execute this Permission and Release Agreement on behalf of the listed child/dependent.**

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

**This form, completed and with the parent or guardian’s original signature must be mailed by February 20th, 2022 to:**

**CBE WOMEN, Attention: Ambika Pachaury, 120 Olin Hall, Cornell University, Ithaca, New York 14853.**