



Cleveland State University
TRIO McNair Scholars Program

CONFERENCE AGREEMENT

Full legal name Student ID: _____

Address:

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Email: _____

I, _____ agree to attend _____.

(Name of student)

(Name and date of conference)

- 1) I understand that my failure to attend the conference will result in a substantial reduction in my stipend payment and that I may be held responsible to reimburse the McNair program for costs incurred on my behalf.
- 2) Failure to arrive by a scheduled travel departure time will result in my being responsible to provide my own transportation to an event.
- 3) I agree to attend all presentation sessions and submit a one-page report on one particular presentation of my choice.
- 4) Attendance is defined by being physically located in the room where the event is taking place; sitting in the lobby or other locations constitutes failure to attend.
- 5) I understand that the McNair program will pay my hotel accommodation. I also understand that it is my responsibility to pay any other charges during my stay that include but are not limited to room services, internet connection, and any damages I cause during my stay.
- 6) I understand that I must acquire prior written approval to be excused from any event.
- 7) I understand that I must represent Cleveland State University in the most professional manner and that any behavior that does not reflect positively on Cleveland State University will result in disciplinary action which will be determined by the McNair Program Director.

By signing this document, I acknowledge that I have read and agree to the terms of this agreement. I understand that a copy of this form will be retained in the McNair office.

Signature: _____

Date: _____



Cleveland State University

TRIO McNair Scholars Program

ASSUMPTION OF THE RISK, RELEASE, AND WAIVER OF LIABILITY

As consideration for the opportunity to participate in the _____ and related activities sponsored by McNair Scholars Program I acknowledge that I have read the following and voluntarily agree to its terms and conditions:

- ❖ I am at least 18 years of age. ____ yes ____ no (If no, see below**).
- ❖ I understand that participation in the _____ and related activities sponsored by McNair Scholars Program is strictly voluntary.
- ❖ I have the physical ability to participate in these activities as well as traveling to and from these activities.
- ❖ I understand that these activities as well as traveling to and from these activities present risk of injury. I understand the risks involved and I knowingly and voluntarily choose to take these risks in order to participate in these activities as well as traveling to and from these activities.
- ❖ In case of emergency, accident, illness, or other incapacity occurring during these activities as well as traveling to and from these activities, I give my permission to be treated by a medical professional and admitted to a hospital if necessary. I agree that I am responsible for all medical and emergency expenses incurred on my behalf regardless of whether I have authorized such expenses.
- ❖ I understand that medical insurance is my responsibility. I acknowledge that Cleveland State University strongly recommends that I purchase health insurance to cover accidents that may occur during my participation in these activities as well as traveling to and from these activities. I understand that the State of Ohio, Cleveland State University, the Board of Trustees, the Department of Student Life, and McNair Scholars Program do not provide insurance for any injuries which may occur during these activities or during the travel to and from these activities.
- ❖ I forever release the State of Ohio, Cleveland State University, the Board of Trustees, the Department of Student Life, and McNair Scholars Program together with their agents, officers, and employees, from any and all claims, suits, or actions of any nature resulting from or arising out of my participation in the _____ and related activities sponsored by McNair Scholars Program. I understand that this Waiver of Liability binds my heirs, executors, administrators, and assigns, as well as me.

****IF PARTICIPANT IS LESS THAN 18 YEARS OF AGE, THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT MUST ALSO SIGN BELOW.**

Participant's Name (Please Print) _____ Participant's Phone _____

Participant's Address _____

I have read and fully understand the entire ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY and my signature below confirms my full understanding and voluntary acceptance of such ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY.

Participant's Signature: _____ Date: _____

****I am the parent or legal guardian of the Participant named above; I have read and understand the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY (including such parts that may subject me to personal financial responsibility); I am and will be legally responsible for the obligations and acts of the Participant as described above, and I agree, for myself and for the participant, to be bound by these terms.**

Parent/Guardian's Name (Please Print) _____

Parent/Guardian's Address _____

Parent/Guardian's Signature _____ Date: _____



Cleveland State University

TRIO McNair Scholars Program

EMERGENCY INFORMATION CARD AND RELEASE FORM

Name: _____

Emergency Contact Name: _____ Relationship: _____

Address: _____ Phone: _____

Medical Information

Do you have a health insurance? Yes; No If yes, complete the following;

Physician Name _____ Contact _____

Insurance Company _____ Policy Number _____

Allergic Reactions: _____

Medication Presently Taking: _____

Check if you're known to have to have any of the following conditions:
Diabetes ___ Hemophilia ___ Epilepsy ___ Heart Conditions ___

Past illness or other information that would be useful in the event treatment is necessary:

Emergency Medical Authorization

I am aware of the risks, hazards, and inherent dangers that may arise due to participation in:

_____ (Name of Activity)

_____ (Date of Activity)

In consideration for being allowed to participate in said activity, I hereby voluntarily assume all risk of death, accident or personal damage to my person or property and hereby release, waive, and discharge Cleveland State University, its instructors, agents, and employees (Collectively referred to as UNIVERSITY), from every claim, liability or demand of any kind sustained, whether caused by the negligence of the UNIVERSITY or otherwise. This release shall be binding upon any heirs, administrators, executors, and assigns of mine.

I further agree to indemnify the UNIVERSITY from any loss, liability, damage or cost they may incur due to my participation in said activity in any way whether caused by the UNIVERSITY or otherwise.

In the event of illness or injury resulting or arising directly or indirectly out of said activity, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by faculty, staff members or volunteers of UNIVERSITY or (2) the administration of any treatment deemed necessary by a licensed physician or dentist; and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two (2) licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I further declare and warrant that I am covered by sufficient medical and dental insurance and that such insurance will remain in effect during my participation in said activity.

Participant's Signature

Date

Custodial Parent/Legal Guardian's Signature (if under the age of 18)

Date