

FEBRUARY COLLEGE CONFERENCE & CAMPUS VISIT

SATURDAY, FEBRUARY 22, 2014



UCIRVINE

Location:

Departure Time: 5:30 a.m. by McDonald's (Shaw & Cedar)

Returning Time: 7:30 p.m. by McDonald's (Shaw & Cedar)

LUNCH WILL BE PROVIDED

(Please bring money for dinner and snacks)

RSVP required by February 7th, 2014

(Seats are limited – this is a first come first serve basis.)

ALL forms are due no later than Friday, February 7th, 2014.

Topics to be Discussed:

- UC Irvine Campus Tour
- Financial Aid Workshop
- On-Campus Housing
- Getting Involved On Campus
- Self-Identity Workshop

FRESNO STATE

Upward Bound Programs

Any Questions?

Call: 559.278.2693 or 559.278.5796

Fax: 559.278.4306



Participant's name: _____

Please Print

UNIVERSITY OF CALIFORNIA, IRVINE

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in

Hmongs Inspiring to Gain Higher Education Recruitment (HIGHER)

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Hmong Student Association at the University of California, Irvine, its officers, and agents from liability **from any and all claims including the negligence of The Hmong Student Association at the University of California, Irvine, its officers and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor Date

Signature of Participant Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries 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 Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Hmong Student Association at the University of California, Irvine, HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

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

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 a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date
Participant's Age (if minor) _____

Signature of Participant Date



Photo/Audio/Video Release

I hereby authorize the Hmong Student Association at the University of California, Irvine (“HSA at UCI”) to record and/or duplicate my photographs (inclusive of audio and video recordings), or that of my minor child named below. I authorize HSA at UCI and any persons or entities acting at its authorization all rights to use said images or recordings for educational, advertising, publicity, promotional and other business purposes in all forms of media, including conventional print, electronic and/or online, including any future media. I understand and agree that these images or recordings may be duplicated, distributed, with or without charge, and/or altered in any manner, without any claim for future compensation or liability, and release HSA at UCI from all claims of every kind on account of such use.

Please Print:

Name of Subject _____
(Name of Student)

Name of Authorizing Individual _____
(If completed by Parent or Legal Guardian of Minor Subject)

Address _____

Phone _____

Email _____

I have read and understand the above notice.

Signature _____
(Parent Signature)

Date _____