Please read carefully through the forms. Forms that are not completed correctly or are incomplete will be sent back and will delay the process. Faxes will not be accepted because original signatures are required. ***If you want to be sure that we received your forms, please include a stamped, self-addressed postcard.***

**Instructions for completing forms & submitting documentation**

We have received a grant from the Texas Workforce Commission that enables us to offer the program for free to MITE participants. Participants who are US citizens (or permanent residents that are authorized to work in the United States), must submit a copy of their birth certificate AND social security card. Please mail copies of your documentation along with the rest of the forms or drop it off at our office by the deadline (call 512-471-5953 in advance to make sure our office will be open).

If you are not a US citizen or are not authorized to work in the US, you may still participate in the MITE program – you will not be required to submit documentation (only forms).

**Media Release Form**
- All blanks on this form must be filled.
- Complete the date.
- The name, signature, and address must be the name, signature, and address of the MITE participant.
- One parent must sign under “signature of parent”.
- The witness signature must be signed and dated from someone 18 years of age or older. It cannot be from the same person that signed under “signature of parent”. A neighbor, friend, relative, sibling, or other parent may sign as the witness. **It does NOT have to be signed by a notary.**

**Consent for Treatment/Immunizations of a Minor Form (HEALTH FORM)**
- Complete the top section (Name, Date of Birth, Address, Phone)
  * If you have a UTEID, please fill in the blank next to “UTEID”. If you do not have a UTEID or do not know what your UTEID is, please leave this blank.
- A parent/guardian must sign the box in the middle of this form that states **“I have received a copy of University Health Services Notice of Privacy Practices as required by HIPAA Privacy Rules”**. The privacy practices form is available at the MITE website for you to download and read at: [http://www.engr.utexas.edu/eoe/precollege/mite/apply](http://www.engr.utexas.edu/eoe/precollege/mite/apply)
- Under “Medical Information related to Minor” please list any allergies, medications, or important medical history information of the MITE participant. If you do not know the date of your last Tetanus Booster write “N/A”.
- Do NOT include supporting documentation of immunizations received.
- Please note that there are two blanks that require the parent signature on this form. Both blanks must be filled in order to provide any type of health care by University Health Services.
- To request accommodations based on a disability, please contact the MITE coordinator at 512-471-5953 as soon as possible.

**Participant Agreement Form**
- The MITE participant and one parent/guardian must read, sign, and date.

**Release and Indemnification Form**
- Please complete the name and address of the participant at the top.
- A parent must sign at the bottom.
- The witness signature must be signed and dated from someone 18 years of age or older. It cannot be from the same person that signed under “signature of parent”. A neighbor, friend, relative, sibling, or other parent may sign as the witness. **It does NOT have to be signed by a notary.**
The University of Texas at Austin
Media Release
CONSENT AND WAIVER

TO WHOM IT MAY CONCERN:

I hereby grant full permission to The University of Texas at Austin to prepare, use, reproduce, publish, distribute and exhibit my name, picture, portrait, likeness or voice, or any or all of them in or in connection with the production of web sites, still photography, motion picture film, television tape, film or sound track recording, scientific publication for informational or any other professional purpose deemed necessary in the interest of the mission of The University of Texas at Austin.

I hereby waive all rights of privacy or compensation, which I may have in connection with the use of my name, picture, portrait, likeness or voice, or any or all of them, in or in connection with said web sites, still photography, motion picture film, television tape, film or sound track recording and any use to which the same or any material therein may be put, applied or adapted by The University of Texas at Austin.

This consent and waiver will not be made the basis of a future claim of any kind against The University of Texas at Austin and any of its agencies.

IN WITNESS WHEREOF I have hereunto set my hand and seal this ______________ day of ______________ A.D. 2010.

NAME: ________________________________

SIGNATURE: ___________________________

ADDRESS: ______________________________

________________________________________________________________________

________________________________________________________________________

SIGNATURE OF PARENT OR GUARDIAN*:

________________________________________________________________________

*When minor is recorded or when otherwise justifiable

WITNESS: ______________________________

DATE: ________________________________
CONSENT FOR TREATMENT/IMMUNIZATIONS OF A MINOR
University-Sponsored Program Participant Information and Consent

Name of Program Participant: ____________________________________________

UTEID (if one has been assigned): ___________________ Date of Birth: __________

Address (Street, City, State, Zip Code): _________________________________

Parent/Guardian Phone Number: _______________________________________

HOME WORK / CELL

I, the undersigned, as the parent or legal guardian of __________________________________________ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending provider, appropriate staff, and The University of Texas at Austin and is officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical, and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

PRINT NAME

I have received a copy of University Health Services Notice of Privacy Practices as required by HIPAA Privacy Rules. (This copy is online at: http://www.egr.utexas.edu/eoe/precollege/mite/apply)

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

PRINT NAME

Medical Information Related to Minor:

Allergies: ____________________________________________________________

Current Medications: _______________________________________________

Date of Last Tetanus Booster: _________________________________________

Pertinent Medical History: ___________________________________________

______________________________________________________________

Please Return to Program Coordinator:

Name of Program: My Introduction to Engineering (MITE) Summer Camp

Program Coordinator: Sara Sanchez

Coordinator’s Phone: 512-471-5953 Coordinator’s Fax: 512-232-2448

Coordinator’s Mailing Address: 1 University Station C2100 ECJ 2.102, Austin, TX 78712

THE UNIVERSITY OF TEXAS AT AUSTIN UNIVERSITY HEALTH SERVICES

ConsentMinorSP.doc – 01262009 Last reviewed 02012010
I understand that upon signing this agreement I will abide by the following rules and regulations:

1) I will be a representative of the Equal Opportunity in Engineering Program throughout my participation in the MITE 2010 Program. I will conduct myself in a mature and responsible manner.

2) I agree to my share of the daily responsibilities such as completion of class assignments and attendance at all sessions and events.

3) I will be responsible for my personal belongings and equipment and will not hold The University of Texas at Austin, The Cockrell School of Engineering or The Equal Opportunity in Engineering Program responsible for any loss or damage.

4) I will not, under any circumstances, be disrespectful to guest speakers, counselors or anyone associated with the MITE 2010 Program and The University of Texas at Austin.

5) I understand that I will be charged for damages to any property belonging to The University of Texas at Austin and to any property connected to the MITE 2010 Program should damages occur, especially through my negligence or abuse. I also understand that if my dormitory room key is lost or not returned by check out time, I will be assessed approximately $50.00 in fees.

6) I understand that if I am expelled from the program, my parent(s)/guardian(s) will be notified and will be responsible for my immediate pickup at their own expense. I further understand that I have been selected to represent my school and as such, the school authorities will be informed of any serious misconduct on my part.

7) I will not go anywhere without a counselor or without their permission. I will observe safety precautions for all activities during the program including checking in and out with the counselors, and will take all other safety precautions discussed upon arrival at the University.

8) I understand that I may not go off-campus. I agree that I may not have visitors unless they are directly associated with the MITE program.

9) I understand that alcoholic beverages, illegal drugs, tobacco products, firearms, fireworks, weapons, and pets/animals (with the exception of service animals) are not permitted in my possession on buses, field trip sites, my dorm, or at The University of Texas at Austin campus. Any violations of this rule will result in immediate expulsion from the event. I further understand that inspections for rule violations may be conducted throughout the week.
10) I understand my living arrangements and roommate assignments will not be changed. In addition, I will observe the specific wake-up and lights-out times.

11) I understand that the events for the week may be physically and mentally demanding, but these demands will be to the benefit of my team and myself.

12) I have read the “Notice of Privacy Practices” that is available on the MITE website at http://www.engr.utexas.edu/eoe/precollege/mite/apply.

13) I will return all forms (including copies of my birth certificate and social security card – if applicable) by the requested date on my offer letter in order to secure my space in the program. I understand forms must have original signatures and that faxes will not be accepted.

14) I understand that males will not be allowed in female dorm rooms and females will not be allowed in male dorm rooms unsupervised.

15) I understand if any of the above regulations in the Participant Agreement are not followed, my parent(s)/guardian(s) will be called and I will be subject to immediate dismissal from the MITE 2010 Program.

16) Parent(s): I understand that though my child will be supervised, it is his/her responsibility to conduct him/herself as a young adult and abide by all program rules and regulations at all times.

I have read and understand the responsibilities as listed above:

Print Participant name                  Participant Signature                  Date

Print Parent/Guardian name              Parent/Guardian Signature              Date

In order to secure your space, please return all forms and documentation to:

Mailing Address:
Sara Sanchez, EOE-MITE Program
1 University Station Stop C2100 - ECJ 2.102
Austin, Texas 78712

Drop Off Physical Address:
301 East Dean Keeton St.
ECJ Building Room 2.102 (2nd floor), Austin, TX 78712
Map to ECJ: http://www.utexas.edu/maps/main/buildings/ecj.html

All forms must be received by Friday, May 21, 2010
Questions? Call (512) 471-5953 or email
sara_sanchez@mail.utexas.edu
THE UNIVERSITY OF TEXAS AT AUSTIN
RELEASE AND INDEMNIFICATION AGREEMENT - Minor

PARTICIPANT:

Name (last name first - please print or type)

Address

City, State, Zip Code

DESCRIPTION OF ACTIVITY OR TRIP: My Introduction to Engineering (MTE) Summer Camp

MODE OF TRANSPORTATION: personal vehicle (personal transportation)

LOCATION(s) of activity or trip: UT Austin Campus

DATE(s) of activity or trip: FROM June 6, 2010 TO June 18, 2010

I am the Parent/Guardian of the above-named Participant, who is under eighteen years of age and I am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant’s illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant’s health and of his/her injury or death that may result from such participation and I hereby release the University of Texas at Austin, its governing board, officers, employees and representatives from any and all liability to Participant, Participant’s personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant’s property and for any and all illness or injury to Participant’s person, including his/her death, that may result from or occur during Participant’s participation in the Activity or Trip, whether caused by negligence of the University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University of Texas at Austin and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant’s negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT’S INJURY OR DEATH OR DAMAGE TO PARTICIPANT’S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT’S NEGligENT OR INTENTIONAL ACT OR OMISSION.

________________________________________  _______________________________________
Signature of Parent/Guardian  Signature of Witness

________________________________________  _______________________________________
Printed Name of Parent/Guardian  Printed Name of Witness

________________________________________  _______________________________, 20_
Address (if different from Participant’s address)  Date signed:  

Form: MINOR - Revised 10/96