

GROW/EXCITE Consent Waiver: Spring 2022

This form may be completed electronically or printed and completed, please print clearly. Completed form can be faxed to (785) 532-2627, scanned & emailed to kawse@k-state.edu or mailed to GROW/EXCITE, 1011 Seaton Hall, K-State, Manhattan, KS 66506.

Name of Participant: _____

Birthdate: _____ Age: _____ Expected High School Graduation Year: _____

Address: _____

Parent or Guardian Name: _____

Address (if different from above): _____

Home Phone: _____ Work Phone: _____

Please specify any accommodations that your child will need to participate in this Workshop, such as physical accommodations or dietary considerations: _____

Please list the number for a cell phone your child will have in his/her possession during the Workshop (This is NOT mandatory. If provided, the number will be used for coordinating participants during the Workshop. The numbers will be maintained and utilized only by Kansas State University KAWSE Office Staff): (_____) _____

In consideration of my child being allowed to participate a GROW/EXCITE event on or about March 9, April 2 and/or April 6, 2022, I, the undersigned parent or guardian, agree on behalf of myself and my child as follows: (please initial next to the following statements to indicate your agreement)

initial here I, the undersigned parent or guardian, do hereby grant permission for my child to receive necessary medical treatment in the event of an injury or illness while attending the GROW/EXCITE event sponsored by Kansas State University. I accept responsibility for the full payment of such medical treatment. I hereby hold Kansas State University and its representatives harmless in the exercise of the authority.

initial here I further grant permission for my child to participate in all activities related to the event, including any transportation provided or other activities.

initial here I am aware that I will be required to pick my child up from the event in the event that my child is dismissed early because of violation of event rules.

initial here I understand that Kansas State University assumes no liability for injury or damages arising from the result of participation unless due to willful fault or gross negligence on the part of the university.

initial here I give my permission to allow GROW/EXCITE to use photographs taken of my child during the workshop in promotional materials (including the GROW/EXCITE website, presentations, brochures, etc.)

initial here I give my permission to allow GROW/EXCITE to share my child's contact information with other programs on the K-State campus that offer a variety of opportunities for students.

initial here I hereby give my permission for my child to participate in all evaluation activities conducted in conjunction with the GROW/EXCITE Program. I understand that my child will be asked to complete surveys both before and after workshop activities. These surveys may explore my child's interest in, attitude, and understanding toward science. I give my permission for this data to be used for research and publication. A number will be assigned to those surveys to enable the evaluators to compare my child's responses before and after the workshop activities, so that my child's name will not be used in any publications developed from the information gathered. I understand that my child is not required to participate in these evaluation activities as a condition of being accepted to participate in the workshop and that I may withdraw my permission at any time.

Signature of Parent or Guardian

Date