



EASTERN MICHIGAN UNIVERSITY
COLLEGE OF ENGINEERING
& TECHNOLOGY

Participating Organization Information:

Organization Name: William D. Ford Career Tech Center

Primary Contact: Pollard

Organization ID #: P105

Student Information

First Name _____

State _____ ZIP _____

Last Name _____

Email: _____

Phone _____

☐ Send me information about upcoming events/camps

Street Address _____

HS Graduation Year: _____

DOB ____/____/____

City _____

T-Shirt Size: S M L XL 2XL

Dietary Restrictions (Check all that apply):

None

☐ Vegetarian

☐ Kosher

☐ Gluten Free

☐ Vegan

☐ Halal

☐ Nut/Peanut Allergy

☐ No Pork

☐ Other: _____

A meal is provided free of charge to students participating in Digital Divas. All dietary, accessibility, and other accommodations not listed on this information sheet must be sent in writing to digital_divas@emich.edu no later than October 11th, 2019.

Optional Supplementary Student Information

These questions are optional and will be used for grant applications/reporting and program planning.

1. Please select the one option that you most identify relating to your **race**.

- ☐ Black / African American
- ☐ White
- ☐ American Indian/ Alaska Native
- ☐ Asian
- ☐ Pacific Islander
- ☐ Multi-racial
- ☐ Prefer not to answer

2. Please select the one option that you most identify relating to your **ethnicity**.

- ☐ Latinx
- ☐ Asian
- ☐ Middle Eastern
- ☐ Native American
- ☐ Other: _____
- ☐ Multi-ethnic
- ☐ Prefer not to answer

This form is for the sole use of the Digital Divas program and is not an application to attend Eastern Michigan University, nor will any personally identifiable information be supplied to the EMU admissions office from this form.

Eastern Michigan University

Parental Consent & Liability Release Agreement & Media Waiver

My child, _____, will participate in the **Digital Divas Program** ("the Program"), being held on the campus of Eastern Michigan University ("the University"). I understand, acknowledge, and fully appreciate any risk of injury that may result from my child's travel related to and participation in the Program.

I fully recognize, understand and assume any risks to which my child may be exposed by participating in the Program. I understand that my child is not required to participate in the Program. I acknowledge that there may be dangers and risks not known to us or not reasonably foreseeable at this time. In consideration for my child's voluntary participation in the Program and for any services, facilities, and other assistance provided to my child, I release, waive and forever discharge and covenant not to sue the University, its regents, officers, employees, coaches, students, and agents (collectively, the "Releasees") from and against any and all liability for any harm, injury, death, damage, claims, demands, actions, causes of action, costs and expenses of any nature that my child has or that may hereafter accrue to me/us/my child, arising out of or related to any loss, damage, injury, including but not limited to death, that may be sustained by my child, whether caused by negligence or carelessness of the Releasees or otherwise, while participating in the Program.

I hereby delegate to the University, its employees, clinicians, trainers, nurses or agents the authority to seek, obtain, and approve any emergency medical care and treatment which is deemed advisable by, and is to be rendered under the general supervision of, any physician or surgeon, for the above named minor, which in their judgment, is necessary for the health and well-being of the above named minor during his/her participation in the Program. I understand that I am responsible for any costs incurrent that are not covered by my insurance and I agree to defend, indemnify and hold harmless the Releasees against any and all liability arising out of any action they may take in seeking, obtaining or approving emergency medical treatment for the above named minor.

It is my understanding my child will be subject to the policies, rules, and regulations of the University while participating in the Program.

Furthermore, I hereby authorize Eastern Michigan University and those acting pursuant to its authority to:

- A. Record my child's likeness and voice on a video, audio, photographic, digital, electronic or any other medium in connection with the Program.
- B. Use my child's name in connection with these recordings of the Program.
- C. Use, reproduce, exhibit, or distribute these recordings in any medium for any legitimate purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I understand that all such recordings, in whatever medium, shall remain the property of the University. I have read and fully understand the terms of this release.

Guardian Printed Name

Guardian Signature

____/____/____
Date