

Wentworth Institute of Technology
Department of Architecture
summerFAB

LIABILITY WAIVER FORM

Participant's Last Name _____ First _____ M.I. _____

Address: _____

Email address: _____

Phone number: _____ Cell Phone Number: _____

Parent/Guardian Name: _____

Parent/Guardian phone number: _____ Cell phone number: _____

Today's Date _____ Date of Birth: ____ / ____ / ____

DOWNLOAD ALL PAGES OF THIS FORM. PRINT ALL PAGES, READ AND SIGN WHERE APPROPRIATE (If participant is 18 years old participant needs to sign this form, or if participant turns 18 years old at any time before the conclusion of the summerFAB program, participant will be required to re-execute these forms at that time):

- Participation Agreement
- Liability Release
- Use of Photographic Likeness
- Medical Consent to Treat

COMPLETE AND RETURN ALL **PAGES** OF THIS FORM TO:

summerFAB
Department of Architecture
Wentworth Institute of Technology
550 Huntington Avenue
Boston, MA 02115

2019 PARTICIPATION AGREEMENT

Program Regulations

Attendance & Participation. Participants are expected to attend all Program activities. They are expected to be punctual and to participate in a respectful manner. If for any reason the Participant is unable to attend or arrive on time to any activity, the Participant must contact the Program Director. If a Participant is absent and unaccounted for, we will contact the Participant using the contact information provided. If we are unable to reach the Participant after 30 minutes, we will contact the Participant's parent, guardian or emergency contact according to the contact information provided.

Behavior. Participants must abide by all applicable federal, state, local laws, and Wentworth rules, regulations, policies, codes (including the student code of conduct <https://wit.edu/student-code-conduct>), Participant and Parent Handbook and procedures as well as all Program Rules and Regulations (collectively "Wentworth policies"). Any Participant who endangers his or her own health or safety or the health, or the safety of another participant, student, staff member, or faculty member will be subject to removal from the program. Decisions on Participant conduct rests in the sole authority of the Program Director. The disciplinary process outlined in the Wentworth Institute of Technology Student Code of Conduct does not apply to this program.

Consumption, possession, or being in the presence of alcohol, marijuana or illegal drugs is grounds for immediate dismissal, as is possession or use of drug paraphernalia, firearms, knives, other weapons, or fireworks. In addition, Wentworth is a Tobacco Free campus and use of tobacco products of any kind, including e-cigarettes and personal vaporizers is strictly prohibited. **Medical marijuana is not allowed on campus.**

Participants must not engage in any form of harassment, hazing, intimidation or bullying. Bullying means any behavior, whether in-person, groups, or through other mediums (hand written notes, phone calls, Facebook, texting, etc.), intended to, or which cause fear, intimidation, abuse or damage to property of another Participant, student, staff or community member.

Participants must show respect for the rights and safety of others in the community including WIT's neighbors, and disturbances, public intoxication or other such behaviors will not be tolerated.

Any violation of the behavior policies contained in this section could result in dismissal from the Program, If dismissal from the Program is deemed necessary, the Participant will be sent home at the expense of his or her parents or legal guardian(s). No refunds will be issued.

Supervision. The Program is an academic program for mature, self-motivated participants. The Program is not a summer camp and although staff will be available, the Program does **not** provide direct supervision at all times. Supervision is provided during the times indicated on the Program Schedule. The ability of Participants to follow Program policies and and federal, state, and local laws, and to act independently in a college type setting is required.

Financial Responsibility. The parents or legal guardians of Participants in the Program are financially responsible for any damage or loss suffered by Wentworth, other participants, or members of our community caused by their son, daughter, or ward.

Medication. It is the Participant's responsibility to secure and self-administer any necessary medications. However, the Institute may require certain medications to be secured at a location selected by the Institute and arrangements to ensure the Participant has the necessary access to these medications will be made by the Program.

Car Policy. Use of a car during the Program is not allowed, except in the case of Participants who are daily commuters. Under no circumstance is a Participant allowed to ride in any vehicle unless pre-approved by Program staff for Program-related activities. Under no circumstances will Participants be allowed to ride in another Participant's vehicle to Program-related events.

Cell Phone Policy. The residence halls are not equipped with telephones; therefore it is highly recommended that Participants bring a cell phone for ease of contact according to this Participation Agreement.

Tobacco Policy. Tobacco use is prohibited. Participants found in possession of tobacco will be subject to immediate dismissal from the Program. **WIT is a tobacco free campus.**

Wentworth Computer/Technology Policy. The use of Institute owned computer resources and technology for purposes other than program research and instruction is prohibited.

Residence Hall Regulations

These housing regulations apply to all Participants who contract with Wentworth Residential Life for their accommodation. Participants who violate any of these regulations will be subject to immediate dismissal from the residence hall and the Program. If dismissal occurs, the Participant will be sent home at the expense of his or her parents or legal guardian(s). No refunds will be issued.

Community Living Standards. All Participants are expected to be respectful and responsible members while in Wentworth residence halls.. Participants are expected to refrain from actions that prevent other persons in the residence halls from having a safe and respectful community living experience.

Health and Safety Standards. Any activity deemed to be a threat to the health and safety of Participants, students, staff or others also living in the residence hall is strictly prohibited. Basic health standards are expected around sanitary conditions, hygiene, and appropriate use of bathrooms and common areas. It is an expectation that participants will keep kitchen areas, bathrooms, hallways, and their rooms clean.

Security Regulations. The maintenance of a safe and secure residence hall environment is the responsibility of each Participant. All Participants are responsible for adhering to the stated policies regarding residence hall security, entrance/exit doors, and maximum room capacity. Interfering with or tampering with life safety and fire safety equipment will not be tolerated and violators will be subject to immediate dismissal from the Program and withdrawal of acceptance to Wentworth Institute of Technology.

Guests and Visitation. No guests are permitted in the Resident Halls. Participants should schedule guest visitations with the Program staff.

Overnight Leave. Residential participants are not permitted to leave campus.

Curfew Policy. Curfew hours for the Summer Program for High School Students are: Sunday-Thursday: 10:00pm-7:00am Friday & Saturday: 11:00pm-7:00am

The curfew is strictly enforced. Participants violating curfew are subject to dismissal from the Program. Regardless of the decision of the Program Director on curfew violations, Parents and/or guardians of Participants in violation of the curfew policy will be notified by Program staff.

Lockout Fee: A \$75 lockout fee may be charged to the Participant if Participant is locked out of their room, the Residence Hall, or is in violation of the Curfew policy.

Noise Policy. Participants must comply with requests to reduce noise. At no time should any amplified sound be directed out of a Participant's windows, or into the Residence Hall public areas.

Disorderly Conduct. Disorderly conduct such as noise from stereos, radios, musical instruments or sound amplification equipment, rowdiness, water fights, games in hallways of resident halls, or other loud and disruptive action will not be tolerated. Participants are allowed to have one other residential Participant in their room or suite up until curfew.

Furniture Policy. Each residence hall room is furnished with Wentworth furnishings, which must remain in the Participant's rooms at all times. In addition, lounge furnishings must remain in public areas at all times. Participants will be held financially responsible for costs associated with replacing missing or damaged furniture and/or unauthorized removal of furniture from their rooms.

Window Screen Policy. Window screens must remain on windows at all times.

Candle Policy. Candles, lit or unlit, are not permitted in Participant rooms. Recreational use of candles is prohibited in all areas of the residence halls. **Open flames of any kind are prohibited in the Residence Hall.**

Incense Policy. Incense, lit or unlit, is not allowed in the residence halls for fire safety reasons.

Pet Policy. Participants are not allowed pets in the residence halls.

Alcohol, Drugs, Firearms, etc. Consumption, possession, or being in the presence of alcohol, marijuana or illegal drugs is grounds for immediate dismissal, as is possession or use of drug paraphernalia, firearms, knives, other weapons, or fireworks.

Health & Safety Inspections and Wellness Checks. Residential staff and Public Safety conduct inspections designed to seek out and correct potentially dangerous situations before they cause damage or harm. If in the course of such an inspection or check other violations are observed, they will be reported and addressed. Wentworth reserves the right to enter residence hall rooms without the consent of the Participant in order to provide for the well-being of the Participant, general well-being and protections of the community, its members and property.

Key Card Policy. All residence hall access cards and keys must be returned at checkout from the residence hall and the conclusion of the Program. There is a \$100 fee for each lost key and a \$25 fee for each lost access card. Could this be included in our Handbook?

Consequences for Violations of Program and Residence Hall Regulations

Violation by any participant of Program or Residence Hall regulations, the directive of a Program advisor, faculty member, other Wentworth administrator, or those acting for Wentworth, or Campus Police of security, or federal, state or local laws and or ordinances may lead to:

- Parental or Guardian Contact
- Limitations on activities
- Removal from residence hall
- Restitution for property damage
- Dismissal from the Program. If dismissal is deemed necessary, the Participant will be sent home at the expense of his or her parent(s) or legal guardian(s). No refunds will be issued.

Certification:

Our signatures below indicate that, having had an opportunity to read and review Wentworth policies and The Participant and Parent Handbook and the Program and Residence Hall rules and regulations outlined in it, _____ (Participant) and _____ (Parent/Guardian), we agree to support and abide by all Wentworth policies, The Participant and Parent Handbook, Program and Residence Hall rules and regulations, Wentworth Policies, and federal, state and local laws and to encourage the spirit they mean to foster. We understand failure to sign and return the Participation Agreement will prohibit me (my son or daughter) from participating in the Program.

Participant signature

Date

Parent/Guardian signature

Date

Parent/Guardian signature

Date

LIABILITY RELEASE

This is a legally binding Release made by me, _____
(Participant) and _____ (parent/guardian if the participant is under
18) (collectively "Participant" and "Releasers") to Wentworth Institute of Technology, all of its
current and former trustees, officers, directors, faculty, staff, contractors and agents (collectively
the "Institute").

I fully recognize that there are dangers and risks to which I may be exposed by participating in
SummerFAB at Wentworth ("Program").

Description of Program Activities ("Activities")

I understand and acknowledge that my participation will consist of attending session(s) offered
as part of the Program by the Institute during the summer of 2019 from July __, 2019 to August
__, 2019.

Such sessions may include workshops, seminars, studio and shop work, where Participants
may operate handtools such as hand saws as well as powertools both handheld and stationary
equipment such as drills, bandsaws, miter saws, table saws in a shop or laboratory setting with
general supervision by Institute faculty, staff or Program staff. In addition Participants will use
exacto knives, straight edge rulers and other design studio tools in a studio setting general
supervision by a member of the Institute's faculty, staff and/or Program staff. I understand that
this work presents a physical risk to the Participant including serious injury or death.

I agree to comply with all requests of faculty and the Program staff concerning safety
procedures in the classroom, digital fabrication labs and or shops/workshops. I understand
that I am not able to participate in any lab/shop/workshop activity unless and until I
successfully complete a safety course/instruction.

I also understand that I will have access to the studio and shop at the hours identified on
Program schedule (as may be modified).

If I choose to commute each day to Program, I understand that I will be solely responsible for
transportation to and from the Program. Parking of personal vehicles on campus during the
program is only permitted if approved beforehand by the Wentworth Public Safety Department
as may be coordinated by the Program.

Risks and Dangers Associated with Participation

The following are non-exclusive examples of specific, significant, non-obvious dangers and
risks associated with participating in the SummerFAB Program: loss or damage to property,
physical injury or illness including, but not limited to, bodily injury, disease, strains, fractures,
partial and/or total paralysis, or other ailments that could cause serious disability, and/or
death.

summerFAB Program
Accident Waiver and Liability Release

THIS IS A LEGAL DOCUMENT REQUIRING YOU TO GIVE UP YOUR LEGAL RIGHTS

I, _____, the Participant, and _____
(parent/guardian if under 18) the Releasors, understand that the Institute does not require me to participate in this program, but I freely choose to do so, despite the possible dangers and risks and despite this Release.

In consideration of and in return for the access to the SummerFAB program, services, use of facilities, and other privileges provided to me by the Institute in this Program, I, Participant and Releasors, for myself and for my heirs and anyone claiming through me or on my behalf, agree to RELEASE the Institute from any and all liability, claims and actions that may arise from injury or harm to me, from my death, or from the loss or damage to my property in connection with my participation in this Program. I understand that this RELEASE covers liability, claims and actions caused entirely or in part by any acts or failures to act of the Institute (or its Trustees, employees, or agents), including but not limited to negligence, mistake, or failure to supervise by the Institute.

I fully understand the scope of the activities and the risks involved. I voluntarily accept and assume all risks of injury, loss of life, or damage to property arising out of Participant's participation in the Program.

I recognize that this RELEASE means I am giving up, among other things, rights to sue the Institute, its Trustees, employees, and agents for injuries, damages, or losses Participant may incur. I also understand that this Release binds Participant, their heirs, executors, administrators, and assigns, as well as myself.

I have read this entire RELEASE, I fully understand it, agree to be legally bound by it and affirm that I am signing it of my own free will.

Participant:

Participant – Full Name (print)	Date of Birth	Participant Signature	Date
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Parent/Guardian (Releasors) (for those Participants under 18):

By printing and signing my name, I attest that I am the parent and/or legal guardian of the Participant, that I am authorized to act on behalf of and legally bind the Participant and myself and that the signature or agreement of another parent/guardian is not required. I have also read the Liability Release Form and consent to the above statements.

Parent/Guardian – Full Name (print)	Parent/Guardian Signature	Date
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Parent/Guardian – Full Name (print)	Parent/Guardian Signature	Date
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**THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.
USE OF PHOTOGRAPHIC LIKENESS RELEASE FORM**

For good and valuable consideration, I, _____, the Participant, and _____ (parent/guardian of the Participant if under 18) authorize Wentworth Institute of Technology ("Institute") and its agents to record photographs or other portraits or likenesses of me on videotape, audiotape, film, photograph or any other medium and to use, reproduce, modify, distribute, and publicly exhibit such recordings, in whole or in part, without restrictions or limitation, for marketing or any other purpose that the Institute deems appropriate. I further consent to the use of my name, voice and biographical material in connection with such recordings.

I release the Institute, its Trustees, officers, employees and agents from any liability whatsoever based on or related to its use of any photographs, portraits, or other likenesses of me in any medium and the use of my name, voice, or biographical information, including without limitation violation of rights of privacy, publicity, libel, defamation or any similar right, for the purposes described above. I further release the Institute, its Trustees, officers, employees and agents from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the recording process, or any unintentional misspellings or inaccuracies. I waive any right I may have to inspect or approve any finished photographs, portraits, or other likenesses of me.

Participant:

Participant – Full Name (print)	Participant Signature	Date
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Parent/Guardian: (if Participant is under 18)

By printing and signing my name, I attest that I am the parent and/or legal guardian of the Participant, that I am authorized to act on behalf of and legally bind the Participant and that the signature or agreement of another parent/guardian is not required. I have also read this USE OF PHOTOGRAPHIC LIKENESS RELEASE FORM and consent to the above statements.

Parent/Guardian – Full Name (print)	Parent/Guardian Signature	Date
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Parent/Guardian – Full Name (print)	Parent/Guardian Signature	Date
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MEDICAL CONSENT FORM

Participant name (print):

Last Name First Name M.I.

Sex: _____ Birth date: _____
Month / Day / Year

Address: _____

City/State/Zip: _____

Program name: _____ Pre-College Summer at Wentworth _____

Program dates: _____

Please attach front and back of current medical insurance coverage.

To be completed by parent/guardian if Participant under age 18

In submitting this form I hereby certify that, to the best of my knowledge, the medical information furnished herein is true and complete.

In case of medical emergency, I hereby give the Wentworth Institute of Technology permission to secure proper treatment for, and to order injection or minor surgery for my child/ward on my behalf.

I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Wentworth in the exercise of its best judgment upon the advice of any such medical or emergency personnel.

By my signature, I acknowledge that I have read and understand this consent

Participant – Full Name (print) Participant Signature Date

IF PARTICIPANT IS UNDER 18 YEARS OLD AT SIGNING:

Parent/Guardian – Full Name (print) Parent/Guardian Signature Date

Parent/Guardian – Full Name (print) Parent/Guardian Signature Date

Participant will be required to complete forms again if he/she turns 18 during the program.

For more information on summerFAB, please email summerfab@wit.edu.