

2021 Earth & Ag Science Camp for Ages 8-12
APPLICATION AND REGISTRATION FORM* Camp Dates: July 15

**United State Department of Agriculture
& Delaware State University Cooperative Extension**

Please Print

Participant Name----- **Age** --

School -----

Home Address----- **(City)**----- **(Zip)**-----

Active Contact Telephone Number-----

E-mail: -----

Parent Name-----**Parent Name**-----

IMPORTANT: The following information must be completed for participants
Emergency Telephone contact (Current Information and Active Telephone Numbers)

Person ----- **Phone** -----

Relationship to Participant -----

Please list any medical conditions/allergies/if vegetarian YES or NO-----

Parent Signature: ----- **Date:** -----

Mask is Required.

Parents will be responsible dropping off and picking up the participants at Delaware State University, Outreach and Research Center, 884 Smyrna Leipsic Rd
Smyrna, DE 19977

Should you have any questions, please feel free to contact: Dr. Ozbay at gozbay@desu.edu or Beverly C. Banks at bbanks@desu.edu

If you require assistance due to disabilities, contact Delaware State University: (302) 857-6476



Delaware State University Waiver/Release Agreement

I (Name of Participant) in consideration of being permitted to participate and/or receive instruction in the _____ (Name of "Camp" or "Activity"), hereby voluntarily release Delaware State University from any and all liability resulting from or arising out of my participation and/or receipt of instruction in the activity.

I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agents, and employees of those entities.

I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction in the Activity, except for the acts or omissions of Delaware State University, its officers, directors agents or employees which are found to be negligent by a court of competent jurisdiction.

I understand and agree that this Waiver/Release applies to personal injury, property damage, or wrongful death which I may suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Waiver/Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction in the Activity.

I understand and agree that this Waiver/Release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children and any guardian ad litem for said children.

I understand and agree that by signing this Waiver/Release, I am agreeing to release, indemnify and hold Delaware State University, its officers, agent's employees or Board of Trustees harmless from any and all liability or costs, including attorney's fees, associated with or arising from my participation and/or receipt of instruction in the Activity.

I understand and agree that if I am signing this Waiver/Release on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document of my own behalf.

I acknowledge that I have read this Waiver/Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction in the Activity.

Dated: _____, 20____ Print Name: _____

Sign Name: _____

Parent/Guardian Release:

I am the parent or legal guardian of the minor _____, and I am signing this Waiver/Release on behalf of said minor.

Print name of Parent: _____

Signature of Parent: _____ Date: _____

Recording Model Release Form

I, the undersigned, consent that Delaware State University College of Agriculture, Science and Technology, or its designated agent, may use and publish any audiovisual (photographs/video/audio) of me for educational, editorial, advertising, trade or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I further agree to release Delaware State University and its legal representatives and assigns from all claims and liability relating to said audiovisual (photographs/video/audio).

Name (Print) _____

Signature _____

Date _____

If minor child:

Parent/Guardian

Signature _____

Date _____