

STEM

Science, Technology, Engineering & Math

summer workshop

Student Application

Applicant Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Date of birth _____ SSN _____

Please indicate all sessions you will be attending:

Week 1 (June 1–June 5)

9 am–12 pm Construction Basics

12:30 pm–3:30 pm Welding Basics

Week 2 (June 8–June 12)

9 am–12 pm Applied Carpentry

12:30 pm–3:30 pm Applied Welding

Week 3 (June 15–June 19)

9 am–12 pm Robotic Basics

1 pm–4 pm Mechanical Design

Week 4 (June 22–June 26)

9 am–12 pm Applied Robotics

1 pm–4 pm Aeronautics

Academic Information

Current school _____

Grade level (2015/2016 school year) _____

Last math class completed (or currently enrolled) _____

Extracurricular activities _____

Career/academic interest(s) _____

Emergency Contact

Name/relationship to student _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Signatures

Applicant's signature _____ Date _____

Parent/guardian signature _____ Date _____

Return completed application to:

Jake Houston, 1301 South 48th St., Quincy, IL 62305 | 217.641.4902 | jhouston@jwcc.edu



GENERAL ASSUMPTION OF RISK AND RELEASE OF LIABILITY

Caution: This is a release of legal rights. Read and understand it before signing.

John Wood Community College is a public education institution. References to "College" includes the entire John Wood Community College district, its officers, officials, employees, volunteers, students, agents, and assigns.

I _____, freely choose to participate in the _____ (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

RISKS INVOLVED IN PROGRAM (Specific dangers endemic in this Program's activity, if any):

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any. I recognize that the College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. The College may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the College and me. I release the College from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in this Program, as well as any medical treatment decision or recommendation made by an employee or agent of the College. I agree to pay all expenses relating thereto and release the College from any liability for any actions.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend the College from and against any claim which I, the participant, my parents or legal guardian, or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this *General Assumption of Risk and Release of Liability* form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This *General Assumption of Risk and Release of Liability* form shall be governed by the laws of the State of Illinois which shall be the forum for any lawsuits filed under or incident to this *General Assumption of Risk and Release of Liability* form or to the Program. If any portion of this *General Assumption of Risk and Release of Liability* form is held invalid, the rest of the document shall continue in full force and effect.

Participant Signature (18 years of age or older) Date

Parent or Guardian Signature (under 18 years of age) Date