ENGINEERING CAMP 2014

Please carefully read the Informational and then do the following:

Overnight Students: Complete Forms 1 to 5
Overnight Students who are flying should Complete Forms 1 to 6
Day Students: Complete Forms 1, 2, 3, 5

Please MAIL check to:
Florida Institute of Technology
Department Head Dr. Ashok Pandit
Civil Engineering Dept.
150 W. University Blvd.
Melbourne, FL 32901

Please EMAIL forms to:
Florida Institute of Technology
Jamie Noyes
Civil Engineering Dept.
Engineering Camp Coordinator
jnoyes@fit.edu

1. Complete the Registration Form (Form 1).

2. Complete the Transportation Release form (Form 2). Guardians must sign if their child will be picked up from the campus. Students driving themselves need to complete, sign, and return Form 2.

3. Complete either Form 3A or Form 3B. Forms 3A and 3B are the General Release and Indemnification Agreement Forms. A parent or legal guardian needs to complete and sign Form 3A if the student is younger than 18 years of age on the day the form is signed. A student should complete and sign Form 3B if the student is older than 18 years of age on the day the form is signed.

4. Form 4 is not applicable to day campers. Overnight campers MUST return the form completed and signed.

5. Complete and sign the Medical Form (Form 5).

6. Complete the Flight Information Form (Form 6) if student is flying in.

Please note the following prior to returning the forms:

1. All necessary forms (see above) need to be EMAILED to Jamie Noyes and the check must be MAILED within the same week your forms were emailed. Please note if payment is not received within 7 days a seat for the engineering camp will not be guaranteed. ($1400.00 for overnight campers and $900.00 for day campers) by May 30, 2014.

2. All necessary forms (see above) must be completed and signed. The check will be returned if any form is incomplete or not signed. The student will not be admitted to the camp.

3. Payment can only be made by check, received no later than May 30, 2014

**IMPORTANT**- WHEN CHECK AND FORMS ARE RECEIVED, A CONFIRMATION EMAIL WILL BE SENT BY JAMIE NOYES RESERVING YOUR SEAT.
**Informational**

**Florida Tech Computer Network Access:**

Telecommunication network facilities, such as the Internet and the Florida Tech computer network access are made available to provide expanded learning opportunities for the students attending the summer program. The computer network access must be used in a responsible, efficient, ethical and legal manner. Failure to adhere to this policy may result in suspending or revoking the student’s privilege of access. It is also recognized that it is almost impossible for the instructors or other personnel involved with the summer program to restrict access to controversial materials that can be found on the web, and Florida Institute of Technology, its officers, agents, employees, or anyone acting in its behalf will not be responsible or liable if students access such materials during the Engineering Summer Camp.

**Possession, Sale and/or Use of Alcohol, Narcotics, Illegal Drugs, and/or Prohibited Substances:**

Notice is hereby given that possession or sale of controlled substances, as defined in Florida statutes, Chapter 893, by any student while such student is upon Florida Tech’s property or in attendance at a Florida Tech Engineering Summer Camp related activity will be grounds for expulsion from the Engineering Summer Camp. Student possession of, or being under the influence of, alcoholic beverages, and/or hallucinogenic drugs or combinations of drugs or substances having hallucinatory effects, marijuana, or under the influence of glue or other drugs or combinations of drugs or drug paraphernalia expressly prohibited by federal, state, or local laws, including prohibited substances which shall include those substances possessed, sold, and/or used that are held out to be, or represented to be, controlled substances, illegal substances, or counterfeit in any respect illegal or controlled substances, at any time during the Engineering Summer Camp, at any Summer Camp related activity, or on campus property, is grounds for expulsion from the Engineering Summer Camp. Also, the matter may be brought to the notice of appropriate law enforcement officers/agencies.

**Assault or Battery on Students or Florida Tech’s Personnel and Property:**

Any student found to have committed an act of assault or aggravated battery on any student or Florida Tech personnel, or found to have committed acts of vandalism, or found to have intentionally misused and/or destructed Florida Tech’s property, is grounds for expulsion from the Engineering Summer Camp.

**Dangerous Weapons, Firearms or Disruptive Items:**

Students shall not carry a firearm, knife, weapon, or an item which can be used as a weapon. Notice is hereby given that possession of a firearm, a knife, a weapon, or an item, which can be used as a weapon by a student at any time during the Engineering Summer Camp, or on Florida Tech’s property, or during Florida Tech sponsored transportation, or during the Engineering Summer Camp sponsored activities, is grounds for expulsion from the Engineering Summer Camp.

**Violence or Violent Behavior:**

Violence or violent behavior by a student attending the summer program will not be permitted at any time on Florida Tech property, grounds and transportation for the summer program activities and will be grounds for expulsion from the Engineering Summer Camp.

**Expulsion:**

Expulsion from the Engineering Summer Camp for any reason will require the parent/guardian to immediately pick up the student and the fees for the Summer Camp will not be reimbursed.

**Laboratories:**

Closed shoes or sneakers **MUST** be worn during labs.

**Endowments:**

The Department of Civil Engineering will utilize any remaining funds from Engineering Camp for correlated endowments. I understand this money will be invested in perpetuity and will follow the endowment spending policy of the University.
Activity/Event Transportation Information:

During the summer program, transportation to and from evening activities will be provided for all participating students via vans with two supervising adults per van.

Transportation conditions are as follows:

1. Parent/Guardian(s) give consent for the student identified herein to participate in the aforementioned activities/events of the summer program.

2. Parent/Guardian(s) will assume the liability of the student’s participation in the on or off-campus activity/event of the summer program.

3. Parent/Guardian(s) will not hold Florida Institute of Technology, its officers, agents, employees, or anyone acting in its behalf, responsible or liable for injury occurring to the named student in the course of such activities or such travel.

4. Parent/Guardian(s) understand that Florida Institute of Technology officials will complete required accident insurance forms, after which all claims under insurance policy or policies, for injuries received while participating in the summer program activities and events, shall be processed by the student, his/her parent(s), or guardian(s) through the company agent handling the student’s insurance policy and not through the Florida Institute of Technology officials.

5. Parent/Guardian(s) accept financial responsibility for any personal items lost by the student identified herein.

6. Parent/Guardian(s) allow Florida Institute of Technology officials to transport or arrange for transport, or utilize emergency vehicles, or arrange for any emergency medical care that may become necessary for the student while participating in the Engineering Summer Camp or related activities. Expenses for such transportation and treatment shall not be borne by Florida Institute of Technology, its officers, agents, employees, or anyone acting in its behalf.

7. Parent/Guardians take full responsibility and grant permission for their son/daughter to travel on any Engineering Summer Camp related activity, including evening activities.

8. These conditions remain in effect until the end of the summer program at Florida Tech.

9. Students must be picked from the Olin Engineering Parking lot. Proper identification will be required to release a child to anyone other than a parent or guardian. Program personnel will NOT release any student to anyone without proper identification. Please abide rules as there are no exceptions.
FORM #1

ENGINEERING CAMP 2014

REGISTRATION FORM

Deadline May 30, 2014

Student Information (please print clearly)

Name ____________________________
E-mail ____________________________
Address __________________________
City/State/Zip ______________________
Shirt size Circle one: S  M  L  XL  XXL
Sex         Male          Female
Date of Birth ______________________
Age ______________________________

Parent Information (please print clearly)

Name ____________________________
E-mail ____________________________
Address __________________________
City/State/Zip ______________________
Work phone _________________________
Home phone _________________________

Please Circle One: June 23-27

OR

July 14-18

Your signature confirms that you agree to all terms and conditions stated in the Informational Sheet.

________________________
Parent/Guardian Signature and Date

This registration form, payment and completed forms must be received on or before May 30, 2014. No refunds or cancellations after May 30,2014. Make checks payable to: Florida Tech Engineering Camp 2014. Mail check to: Florida Tech Department of Civil Engineering, 150W. University Blvd. Melbourne, FL-32901-6975
FORM #2

TRANSPORTATION RELEASE FORM

Students’ driving themselves to campus need to check the box below and do not need to complete the rest of the form.

☐

OR

Students’ getting picked up need to complete the form below.

Students must be picked up from the Olin Engineering Building Parking lot at 5:00 p.m. Sharp.

1. Name of Person/s who will pick up: ___________________________ Cell Phone#: ___________________________

2. Name of Person/s who will pick up: ___________________________ Cell Phone#: ___________________________

3. Name of Person/s who will pick up: ___________________________ Cell Phone#: ___________________________

Parent/Guardian Signature and Date

Note: Both students who are driving and students who are getting picked up should mail this form.
FORM 3A: PARENT/LEGAL GUARDIAN RELEASE FOR MINOR PARTICIPANT

BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS. READ CAREFULLY BEFORE SIGNING.*

PLEASE COMPLETE FORM IN BLUE OR BLACK INK

GENERAL RELEASE AND INDEMNIFICATION AGREEMENT

I hereby represent that I am the parent or legal guardian of “PARTICIPANT”, who is under the age of 18. For and in consideration of Florida Institute of Technology permitting PARTICIPANT to participate voluntarily in a FLORIDA INSTITUTE OF TECHNOLOGY SUMMER CAMP to be held during 2014 on Florida Institute of Technology campus in Melbourne, Florida, hereafter referred to as “SUMMER CAMP”, I hereby expressly assume all the risks associated with the SUMMER CAMP, and I release Florida Institute of Technology, its trustees, officers, employees, students, and agents from all claims, demands, suits, causes of action, or judgments which PARTICIPANT or I ever had, now have, or may have in the future or which our heirs, executors, administrators, or assigns may have, or claim to have against Florida Institute of Technology, its trustees, officers, employees, students, or agents, arising out of or in any way connected with the SUMMER CAMP, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the ACTS, OMISSIONS OR NEGLIGENCE of Florida Institute of Technology, its trustees, officers, employees, students, or agents.

I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS FLORIDA INSTITUTE OF TECHNOLOGY, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AND AGENTS FROM ALL CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION, OR JUDGMENTS WHICH PARTICIPANT OR I EVER HAD, NOW HAVE, OR MAY HAVE IN THE FUTURE OR WHICH OUR HEIRS, EXECUTORS, ADMINISTRATORS, OR AssignS MAY HAVE, OR CLAIM TO HAVE AGAINST FLORIDA INSTITUTE OF TECHNOLOGY, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE SUMMER CAMP FOR ALL PERSONAL INJURIES, KNOWN OR UNKNOWN, PROPERTY DAMAGES (INCLUDING LOST OR STOLEN PROPERTY), OR CLAIMS FOR WRONGFUL DEATH, CAUSED BY THE ACTS, OMISSIONS OR NEGLIGENCE OF FLORIDA INSTITUTE OF TECHNOLOGY, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, AND ON FLORIDA INSTITUTE OF TECHNOLOGY'S BEHALF AND IN FLORIDA INSTITUTE OF TECHNOLOGY'S NAME DEFEND AT MY OWN EXPENSE ANY SUCH CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION OR JUDGMENTS DESCRIBED ABOVE. I ALSO AGREE TO BE RESPONSIBLE FOR ANY PROPERTY DAMAGE OR PERSONAL INJURIES THAT PARTICIPANT OR I MAY CAUSE BY INTENTIONAL OR NEGLIGENT ACTS WHILE PARTICIPATING IN THE SUMMER CAMP.

PHOTO RELEASE

PARTICIPANT AND I hereby grant to Florida Institute of Technology the right to reproduce, use, exhibit, display, and broadcast and create derivative works of university related photographs or videotaped images of PARTICIPANT for use in connection with the activities of the university or for promoting, publicizing or explaining the school or its activities. This grant includes, without limitation, the right to publish such images in the university’s student newspaper, alumni magazine, on the university’s Web site, and public relations / promotional materials, such as marketing and admissions publications, advertisements, fund-raising materials and any other university-related publication. These images may appear in any of the wide variety of formats and media now available to the school and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/media. All photos taken are without compensation to PARTICIPANT. All electronic or non-electronic negatives, positives, and prints are owned by the university.

I have read and executed this document with full knowledge of its legal significance.

By: ___________________________ ___________________________ Parent/Legal Guardian’s Name Printed

PARENT/LEGAL GUARDIAN SIGNATURE Date

Minor Participant’s mailing address: ___________________________ ___________________________ Zip

Street Address City/State

*If you are a Florida Institute of Technology employee or a dependent of a Florida Institute of Technology employee, this release shall not be construed to deny any valid direct or first party insurance claims which you may have relating to possible death or to any injuries you may sustain while participating in the SUMMER CAMP.
FORM 3B: ADULT PARTICIPANT OVER AGE 18
RELEASE

BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS. READ CAREFULLY BEFORE SIGNING.*
PLEASE COMPLETE FORM IN BLUE OR BLACK INK

GENERAL RELEASE AND INDEMNIFICATION AGREEMENT

For and in consideration of Florida Institute of Technology permitting me, “PARTICIPANT”, to participate voluntarily in a FLORIDA INSTITUTE OF TECHNOLOGY SUMMER CAMP to be held during 2014 on Florida Institute of Technology campus in Melbourne, Florida, hereafter referred to as “SUMMER CAMP”, I hereby expressly assume all the risks associated with the SUMMER CAMP and I release Florida Institute of Technology, its trustees, officers, employees, students, and agents from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have, or claim to have against Florida Institute of Technology, its trustees, officers, employees, students, or agents, arising out of or in any way connected with the SUMMER CAMP, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the ACTS, OMISSIONS, OR NEGLIGENCE of Florida Institute of Technology, its trustees, officers, employees, students, or agents.

I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS FLORIDA INSTITUTE OF TECHNOLOGY, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AND AGENTS FROM ALL CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION, OR JUDGMENTS WHICH I EVER HAD, NOW HAVE, OR MAY HAVE IN THE FUTURE OR WHICH MY HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS MAY HAVE, OR CLAIM TO HAVE AGAINST FLORIDA INSTITUTE OF TECHNOLOGY, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE SUMMER CAMP FOR ALL PERSONAL INJURIES, KNOWN OR UNKNOWN, PROPERTY DAMAGES (INCLUDING LOST OR STOLEN PROPERTY), OR CLAIMS FOR WRONGFUL DEATH, CAUSED BY THE ACTS, OMISSIONS, OR NEGLIGENCE OF FLORIDA INSTITUTE OF TECHNOLOGY, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, OR AGENTS, AND ON FLORIDA INSTITUTE OF TECHNOLOGY’S BEHALF AND IN FLORIDA INSTITUTE OF TECHNOLOGY’S NAME, DEFEND AT MY OWN EXPENSE ANY SUCH CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION, OR JUDGMENTS DESCRIBED ABOVE. I ALSO AGREE TO BE RESPONSIBLE FOR ANY PROPERTY DAMAGE OR PERSONAL INJURIES THAT I MAY CAUSE BY INTENTIONAL OR NEGLIGENT ACTS WHILE PARTICIPATING IN THE SUMMER CAMP.

PHOTO RELEASE

PARTICIPANT hereby grants to Florida Institute of Technology the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of university related photographs or videotaped images of me for use in connection with the activities of the university or for promoting, publicizing or explaining the school or its activities. This grant includes, without limitation, the right to publish such images in the university’s student newspaper, alumni magazine, on the university’s Web site, and public relations/promotional materials, such as marketing and admissions publications, advertisements, fund-raising materials and any other university-related publication. These images may appear in any of the wide variety of formats and media now available to the school and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media. All photos taken are without compensation to PARTICIPANT. All electronic or non-electronic negatives, positives, and prints are owned by the university.

I have read and executed this document with full knowledge of its legal significance.

By: 

PARTICIPANT (over 18 years of age) 
Date 
Name Printed 
Date of Birth
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I, the undersigned, hereby acknowledge that I have voluntarily chosen to play and/or ride the ANDRETTI CHALLENGE AND OTHER GO-KART TRACKS, ROCK CLIMBING WALL, LASERTAG, MINIGOLF, MINI BOWLING, BOATS, BATTING CAGES, ARCADE GAMES, LAYGROUND, ARCADE GAMES AND ALL OTHER AMUSEMENT RIDES (the “Attractons”) located at Andretti Thrill Park in Melbourne, FL. I know and fully understand that riding in any of these Go-Karts, arcade games, rock climbing wall, mini bowling and amusement rides is a dangerous and hazardous activity where serious accidents can occur. I understand that the participants in using vehicles and rides of this nature, and in dealing with different weather conditions, mechanical and electrical apparatuses, employees of unknown skills, and the potential for personal error creates an unknown condition whereby a participant may encounter unanticipated hazards and risks that can result in illness, injury, death and or property damage, whether obvious or not, and can be intensified by the unavailability of immediate medical attention in case of injury.

I acknowledge that the basic operation of the ANDRETTI CHALLENGE AND OTHER GO-KARTS, ROCK CLIMBING WALL, LASERTAG, MINIGOLF, MINI BOWLING, BOATS, BATTING CAGES, ARCADE GAMES, and ALL OTHER AMUSEMENT RIDES has been explained. I represent that I (or any person on whose behalf I am signing) am physically and mentally fit to participate in these rides, and that the rider has no current or past medical condition, (i.e. heart conditions, back problems, pregnancy, subject to seizures, paralysis, restrictive use of arms or legs, etc.) I agree that participant has read and fully understands the Important Ride Notice & Rules and hereby agrees to follow all rules, regulations and instructions and to act at all times in a civilized and ruly manner.

In consideration for MTP OF BREVARD COUNTY, LLC allowing me to ride any amusement ride, I represent and promise that I (or any person on whose behalf I am signing), my personal representatives, heirs, next of kin, spouse, and members of my family, assigns voluntarily and expressly agree to release, discharge, covenant not to sue and hold harmless MTP OF BREVARD COUNTY, LLC, dba Andretti Thrill Park, The City of Melbourne, The State of Florida and all owners, officers, directors, members, agents, and employees of the above named parties and affiliates from any and all legal liability, property damage or medical expenses resulting from my participation in these rides and personally assume all risk including but not limited to negligence, strict liability, breach of contract, or any other act or omission or any other participants including myself or from any other cause.

I fully recognize and understand if I (or any minor on whose behalf I am signing this release) am hurt, or my property is damaged, I am giving up my (our) right to make a claim or file a lawsuit against all parties and affiliates named herein, even if they negligently or by some other act or omission caused the injury or damage. As a parent or legal guardian of a participant under 18 years of age, I have read and voluntarily agree that said minor may participate in these rides and I sign this release on their behalf. In addition, I give MTP OF BREVARD COUNTY, LLC, its agents, employees and associates permission to treat said minor in cases of illness, injury, emergency, or accident. Should emergency or medical services become necessary the expenses are the sole responsibility of the participant and not that of any other party or affiliate named herein.

I have read this document, and understand that this is a full and complete release of all claims for all liability. I understand that I am assuming all risks inherent in riding or participating in the ANDRETTI CHALLENGE AND OTHER GO-KART TRACKS, ROCK CLIMBING WALL, LASERTAG, MINIGOLF, MINI BOWLING, BOATS, BATTING CAGES, and ARCADE GAMES, and ALL OTHER AMUSEMENT RIDES. I voluntarily sign my name as evidence of my acceptance of the above provisions and agree to be bound by the terms of this agreement. I understand and agree that this Release of Liability covers each and every activity and event in which I participate hereafter. I acknowledge that Andretti Thrill Park could use my e-mail address for marketing purposes and will not share this information with any other entity. I also understand that by signing bellow, my photo or likeness may be used for the purpose of advertising the facility.
PLEASE NOTE:
1. If you elect to attend Andretti’s, sign under section A ONLY.
2. If you elect not to attend Andretti’s, sign under section B ONLY. Once an election is chosen no changes can be made during the camp.

SECTION A

(Print) PARTICIPANT’S NAME(S)____________________________________________

(Print) PARENT/GUARDIAN’S NAME_____________________________________________

ADDRESS__________________________________________________________________________

CITY______________________________________________________________________________

STATE________ZIP______________________________________________________________

E-MAIL ADDRESS______________________________________________________________TEL#

SIGNATURE____________________________________________DATE_____________________

(Signature of participant or legal guardian if participant is under age 18)

SECTION B

(Print) PARTICIPANT’S NAME(S)____________________________________________

(Print) PARENT/GUARDIAN’S NAME_____________________________________________

ADDRESS__________________________________________________________________________

CITY______________________________________________________________________________

STATE________ZIP______________________________________________________________

E-MAIL ADDRESS______________________________________________________________TEL#

SIGNATURE____________________________________________DATE_____________________

(Signature of participant or legal guardian if participant is under age 18)
FORM #5

Medical Form

Does your child have any special dietary needs? Yes ☐ No ☐ (If yes, please explain)

Does your child have any allergies? Yes ☐ No ☐ (If yes, please explain)

Does your child have any medical condition or health problems of which we should be aware of? Yes ☐ No ☐ (If yes, please explain)

Will your child take any prescribed medication(s) or over the counter medication(s) during the hours of the summer program?

Yes ☐ No ☐ If yes, explain

Presecribed and Over-The-Counter Medication(s) Authorization

I/We, as parent(s) or guardian(s) of ____________________________, (child’s name), give consent to give the prescribed and/or over-the-counter medication(s) listed below to my/our child during the summer program, in the dosage and schedule given below. It is my/our understanding that at any moment during the hours of the summer program the student identified herein is NOT authorized to have in his/her possession prescribed and over-the-counter medication(s). The parent or guardian should give the medication(s) to authorized program personnel in a sealed plastic bag with sufficient instructions in regards to dosage, schedule of administration, and any other pertinent information. Camp staff will not be responsible for administering any medication requiring special training or nursing skills, such as injections for diabetes or allergies. Admissions staff should be notified of any special medical needs to determine if the student can be accepted into the program. Students with contagious medical conditions will not be permitted to attend camp.

Physician Name: ___________________________________________ Phone Number: _________________________

Address: ______________________________________________________

Name of Medication __________________________________________ Dosage & Instructions ________________________

In case of an emergency we will take your child to Holmes Regional Hospital or to the nearest hospital. Provide the following insurance information:

Insurance Company: ____________________________ Account Number: ________________

Address: ___________________________________________ Phone Number: _________________________

Name of Insured: ____________________________ ID: ________________________________

I/We the undersigned, as parent/guardian(s), authorize Florida Institute of Technology to transport and to obtain at our expense, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student identified herein, through the course of the summer program.

Parent/Guardian Signature and Date
Please print all the details clearly.

**Departure Flight to Florida**

**Return Flight to Home**

**Airline:** _____________________________  **Airline:** _____________________________

**Flight #:** ___________________________  **Flight #:** ___________________________

**Departure Date:** ________________  **Departure Date:** ________________

**Departure Time:** ________________  **Departure Time:** ________________

**Arrival Time:** ________________  **Arrival Time:** ________________