

WAIVER of LIABILITY 2018-2020

Texas Academy of Mathematics and Science ♦ University of North Texas

In consideration of the benefits accruing to my son/daughter, _____, as a result of enrollment in the Texas Academy of Mathematics and Science during the 2018-2020 academic years, I, the undersigned, hereby agree to the following:

DECISION- MAKING AUTHORITY:

- ♦ I understand that the Texas Academy of Mathematics and Science has decision-making authority over my son/daughter. I understand that TAMS staff need to consider academy students as a group when making decisions to place certain restrictions and/or allow certain freedoms with regard to students' behavior. I further understand that those restrictions/freedoms may be more or less restrictive/permissive than I might wish for my son/daughter. I hereby grant permission for TAMS staff to make final decisions about restrictions placed on my son/daughter while he/she is in the care of academy staff.
- ♦ I understand that my son/daughter should abide by all rules and policies—both those current and those added during the period of his/her enrollment—of the Texas Academy of Mathematics and Science and the University of North Texas, as well as all local, state, and federal laws. I further understand that if TAMS staff determines that my son/daughter has been involved in a violation of any academy or university rule or policy and/or any local, state, or federal law, my son/daughter shall be subject to academy or university discipline, including the possibility of immediate expulsion, with the loss of all rights and privileges thereto. I hereby grant permission for TAMS staff to administer discipline in accordance with academy and university disciplinary procedures.
- ♦ I hereby grant to the Texas Academy of Mathematics and Science (TAMS) a limited power of attorney to execute necessary documents, including a waiver of liability, in order for my son/daughter to participate in a program or activity offered by TAMS or the University of North Texas. I further agree to indemnify, defend, and hold harmless the University of North Texas, the Texas Academy of Mathematics and Science, their Board of Regents, and employees from any and all liability of my son/daughter for practice in any program or activity offered by the University or TAMS.

SAFETY OF PERSON & PROPERTY:

- ♦ I understand that academy students may need to seek off campus medical treatment. I do hereby consent, authorize, and request medical personnel and any physician or medical representative to whom referral is made to conduct treatment which they may deem advisable in the event my son/daughter should require medical care while a student at the Texas Academy of Mathematics and Science. I also agree to be responsible for all charges assessed for these services.
- ♦ I understand that TAMS staff will provide more supervision and enforce more restrictive policies with academy students than is done with university students, BUT that the health, safety and welfare of my son/daughter and the protection of his/her personal belongings is ultimately his/her personal responsibility. I understand that both the Texas Academy of Mathematics and Science and the University of North Texas strongly urge that I obtain adequate health, accident, and property insurance to cover my son/daughter for the duration of his/her enrollment at the academy. I hereby give my permission for my son/daughter to keep his/her prescription and/or over the counter medications in his/her room and self-administer them without supervision.

- ◆ I understand that academy students may be involved in recreational, academic, extracurricular, and other activities which involve potential risk of injuries such as strains, sprains, pulls, cramps, infection, insect bites, broken bones, fractures, heat exhaustion, fainting, nerve damage, shock, paralysis and, in extreme cases, death AND that my son/daughter participates in these activities at his/her own risk. I understand that neither the Texas Academy of Mathematics and Science nor the University of North Texas assumes liability for injuries sustained in these activities. I understand that I should instruct my son/daughter to communicate with me regarding his/her plans to participate in activities and that I should instruct him/her not to participate in activities which, in my view, pose a possible risk to his/her health or well-being.
- ◆ I understand that academy students bring personal belongings to campus and there exists the potential risk of theft or damage of these items. I understand that neither the Texas Academy of Mathematics and Science nor the University of North Texas can be responsible for the replacement of personal property belonging to my son/daughter. I understand that I should instruct my son/daughter to communicate with me regarding which articles of personal property he/she plans to bring to campus and that I should instruct him/her to safeguard all his/her belongings at all times.

TRAVEL & TRANSPORTATION:

- ◆ I understand that TAMS staff will conduct a nightly curfew check and will notify me if my son/daughter is not in his/her room and can not be located BUT that the daily whereabouts of my son/daughter between 6:00 a.m. and curfew is ultimately his/her personal responsibility. I understand that it is my responsibility to make arrangements for and be aware of the whereabouts of my son/daughter during Closed Weekends. I understand that I will be required to call the McConnell Hall Front Desk and give approval to TAMS staff for any overnight absences other than during Closed Weekends.
- ◆ I understand that my son/daughter may ride in a university vehicle from time to time. I further understand that TAMS staff do not restrict students' mode of transportation (other than restricting students from bringing cars to campus in accordance with the privilege system.) I understand that I should instruct my son/daughter to communicate with me regarding his/her travel/transportation plans and that I should instruct him/her not to travel in any areas or by any means that, in my view, pose risks to his/her health or well being.

SOCIAL & EDUCATIONAL PROGRAMS:

- ◆ I understand that the Texas Academy of Mathematics and Science may present or approve other individuals to present seminars, workshops, presentations, or other programs which are intended to enhance students' personal or social growth, academic achievement, or career planning. I understand that some of these programs may address issues such as dating, sexual activity, or other topics relating to values.

RESEARCH:

- ◆ I understand that the Texas Academy of Mathematics and Science may conduct or approve other individuals to conduct research projects and that my son/daughter may be asked to provide data through such methods as questionnaires, interviews, computer-assisted instruction, and other non-invasive means. I further understand that the confidentiality of data collected from students will be protected in accordance with state and federal law and that all results will be presented as group data. I hereby grant permission for the Texas Academy of Mathematics and Science to collect research data from my son/daughter and to publish or display that data.

STUDENT SIGNATURE: _____ **DATE:** _____

**PARENT/
GUARDIAN SIGNATURE:** _____ **DATE:** _____