**Program Expectations** **and Parental Permission**

**Program/Activity/Camp Name: MARC (Mentoring and Readiness for College) through UWL**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Program has established standards of conduct for all Participants. It is the responsibility of the Parent/Legal Guardian and the Participant to review the Program rules and standards of conduct.

**The Program agrees to:**

* Provide an agenda outlining the activities of the Program including the times, days, and how to access content.
* Collect registration information such as participant name, address, phone number, parents/guardian(s) name(s), phone number(s) and email(s).
* Provide a supply list and recommendations for setting up the home workspace to help participants fully engage in the program.
* Take attendance and only allow registered participants to participate.
* Only communicate with participants through official Program platforms.
* Ensure that two or more Program staff are present for the duration of the program.
* Keep conversations and interactions focused on the Program goals and objectives.
* Create an environment where everyone is welcomed and given the opportunity to succeed.
* Ensure that all participants are treated with dignity, fairness and respect. Harassment will not be tolerated. Hazing of any kind is prohibited. Cyberbullying is prohibited.
* Address problems that are brought to their attention.
* Will not share personal information, email, or social media accounts with minor participants.

**The Participant agrees to:**

* Participate in the digital environment to the same standard as a physical environment, including participating when called on, listening attentively, and minimizing distractions to others.
* Not share links or passwords for Program meetings or content.
* Challenge themselves to engage, be present and learn.
* Complete assigned projects on time.
* Request help if needed.
* Mute when not talking.
* Dress appropriately when on video.
* Not take inappropriate screenshots or images.
* Assume good intentions and have fun!

**The Parent/Legal Guardian(s) agrees to:**

* Assist the participant in setting up the home environment to meet the goals of the Program.
* Ensure the participant logs in on time and is prepared for the Program.
* Limit distractions and keep the participant safe throughout the duration of the Program.
* Allow time for the participant to complete required assignments.
* Communicate with staff prior to Program start time if the participant must be absent.
* Work with Program staff to resolve issues that may arise.
* Report illegal or inappropriate online behavior by staff or program participants to the Precollege Coordinator

**(turn over)**

**The following may result in being dismissed from the program:**

* Bullying, harassing or using derogatory language towards another person or group of people.
* Being under the influence of alcohol or drugs.
* Repeated absences or failure to meet agreed upon program work requirements.
* Violation of a University code, policy, or regulation.

**What are the consequences if the participant does not meet Program expectations?**

* Staff will give a verbal or written warning regarding behaviors and actions that are not allowed and, in most cases, give the participant an opportunity to correct the behavior.
* Depending on the behavior, they may also contact the parent or legal guardian.
* In some cases, staff may require a corrective action plan in order to stay in the program.
* Some behaviors may result in immediate suspension or termination.

**PARTICIPANT AGREEMENT**

I understand that I must abide by the Program’s expectations.

Participant (student) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/LEGAL GUARDIAN AGREEMENT**

I understand that my child and I must abide by the Program expectations. I understand that Dismissed Participants may not be eligible for a refund of any fees or expenses.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement for Assumption of Risk, Indemnification, Release,**

**Precollege and Youth Virtual/Remote Programs**

I desire to allow my minor child/ward to participate voluntarily in MARC (Mentoring and Readiness for College) at the University of Wisconsin- La Crosse throughout Spring 2021 during the weeks of March 1-April 30th. I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE PRECOLLEGE COORDINATOR.

**Assumption of Risks:**

I understand that the MARC program, by its very nature, includes certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve accidents and injuries, damages to property, the risk of data mining, phishing, viruses, malware, data breach of online information, cyberbullying, and other cyber risks. I understand that I have been advised to have health and accident insurance in effect for my child/ward along with appropriate property insurance coverage and that no such coverage is provided by the University or the State of Wisconsin. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my child/ward’s participation is voluntary and that I knowingly assume all such risks.**

**Hold Harmless, Indemnity and Release**:

In consideration of permission for my child/ward to voluntarily participate in MARC, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-La Crosse and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my child/ward’s participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-La Crosse and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

**Program Consent:**

I hereby give permission for the University of Wisconsin-La Crosse to collect information from me and my child through an online platform, for the limited purpose of Program registration and participation. I understand that this information will not be shared with any third-party, unless otherwise required by the third-party platform provider for participation. I understand that all programs are subject to all University of Wisconsin-La Crosse guidance and policy around interacting in virtual spaces. For additional information on the University’s privacy policies, please visit: https://www.uwlax.edu/its/data-security-and-policies/

I further hereby authorize the University of Wisconsin-La Crosse to photograph and video/audio record my child during the Program, and use or distribute any photograph, audio or video recording (“Materials”) related to Program activities that my child is depicted in. I also authorize use of these Materials for publication in a brochure, on University of Wisconsin-La Crosse websites, or other University of Wisconsin-La Crosse promotional material. Materials may also be distributed to other Program participants, or the public for educational purposes, including but not limited to a Program group photograph of all participants.

Participant (student) Name:

Parent or Guardian Name (printed):   
 **Signature of Parent/Guardian:** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_