UPWARD BOUND SUMMER 2020 CODE OF CONDUCT
Read, sign and return this code. An online copy may be viewed at www.uwlax.edu/upward-bound - click on "You are Upward Bound" and follow the links

Your behavior during Summer Upward Bound is a reflection on you, your family and the UB program. You have been selected to participate in Summer UB because the staff believes that you will make smart, safe decisions.

ATTENDANCE & PARTICIPATION
- You are expected to be ON TIME and to FULLY PARTICIPATE in all scheduled Upward Bound activities, including classes, study sessions, meals, announcements, small group, Friday field trips, and other meetings with staff.
- LISTEN TO ANNOUNCEMENTS for any changes to our regular schedule. Announcements are posted in the shared space or made before dinner. If you aren't sure, ask a staff member - don't assume.
- If you want to stay in Summer UB, you must NOTIFY THE STAFF OF ANY ABSENCE IN ADVANCE. You may be excused from activities for emergencies, illness or injury or other conflicting school or family responsibilities. Similar to school policy, any work missed will need to be made up. UNEXCUSED ABSENCES could result in your dismissal from the program.

PERSONAL CONDUCT & RESPONSIBILITY
- Respect for others, including those who are not part of Summer UB, is expected and enforced AT ALL TIMES.
- You have the responsibility to SPEAK UP if you believe that someone -- including you -- is being disrespected.
- It is natural for people living and working together to misunderstand, misinterpret, dislike and disagree with one another from time to time. You are expected to DEAL WITH CONFLICT NONVIOLENTLY.
- IF YOU ARE EXPERIENCING A CONFLICT with someone else, we expect you to talk TO that person, not ABOUT them. You are expected to ASK STAFF and TUTORS TO HELP YOU resolve your conflicts and solve your problems if you feel uneasy doing it on your own or if you need someone to listen.
- Inappropriate use of university buildings, including computer labs, could result in your dismissal from the program.
- Gambling, public nudity, theft, vandalism, smoking, sexual activity, controlled/illegal substances, irresponsible/risky or illegal use of the internet, and violent behavior may result in immediate dismissal from Summer U, contact with police services, and you may face criminal charges.

APPROPRIATE DRESS
- You are expected to wear CLEAN CLOTHES that provide STANDARD BODY COVERAGE. Shirts and shoes are required for all UB activities. UB’s policy mirrors most school districts’ dress policies.
- IN CLASS: Shorts may be worn, but not short-shorts. T-shirts may be worn, as long as they do not promote the use of alcohol, tobacco or other drugs; are not disrespectful or obscene; and do not make reference to sexual activity, violence or illegal activities. REMEMBER: Your clothing choices also reflect on UB. (P.S. – All buildings UB will be in are air-conditioned!)
- ON FIELD TRIPS and FOR SPECIAL EVENTS: Follow recommendations made by UB staff about shoes and clothing. PROFESSIONAL DRESS may be required for business visits, job shadowing, concerts, plays, Fine Dine and other activities. CASUAL DRESS may be acceptable for college visits, lectures, some cultural activities and classes. Ask a staff member if you are unsure about what to wear.
- UB STAFF WILL MAKE THE FINAL DECISIONS about the appropriateness of students’ dress. Be prepared for staff to ask you, in a discrete and respectful manner, the change your clothing if it does not meet expectations.

ROOMMATES & RESIDENCE HALL POLICIES
- Wings are segregated by gender – NO WOMEN IN THE MEN’S WING and NO MEN IN THE WOMEN’S WING, except during move in/out times and students using UB residence hall office, meeting room, infirmary, and designated communal area(s).
- QUIET HOURS are 10 p.m. to 7 a.m. daily. During this time, the noise level in your room should be low enough so it cannot be heard in the hallway or other rooms.
- You and your roommate are expected to WORK TOGETHER to keep your room clean. You are expected to dust, sweep, recycle, and take out the trash EACH WEEK.
- You and your suitemates are expected to keep your shared bathroom clean. Bathrooms will be cleaned by housekeeping only once every two weeks. Housekeeping will put up notices one day in advance.
- You are expected to conserve energy by TURNING OFF FANS, LIGHTS and RADIOS when you leave the residence hall. KEEP WINDOWS CLOSED because the building is air conditioned.
- Your room WILL BE CHECKED before you arrive and again before you leave. Arrange your room however you’d like, but it must be returned to its original set up before you move out. Any damage that occurs during Summer UB will be charged to YOU and deducted from stipends.
- IF YOU LOSE OR MISPLACE YOUR KEY, report it to a UB staff member IMMEDIATELY. If it is not found, $75 will be deducted from your stipend and/or charged to you to pay for a new key.
- READ THE CAMPUS POLICIES (attached). You may not use or possess pets, drugs, alcohol, or weapons ANYWHERE on campus.
- ROOM CHECKS may be made from time to time at the discretion of the UB Director.
- If you have free time and plan to leave the hall, you must SIGN OUT AT THE FRONT DESK UB CHECK OUT, inform the staff of your intended destination, and return by the designated time by signing back in.
- Your key will not access any building exterior doors which are locked from 10 p.m. to 9 a.m. If you are returning to the hall during this time you must arrange for a STAFF member to open a door for you.

TELEPHONES & OTHER GADGETS
• If you have a CELL PHONE or any other electronic device, it must remain OFF DURING ALL UB PROGRAMMING. Cell phones may be used for emergencies or to stay in touch with family and friends DURING YOUR FREE TIME ONLY. This includes texting. (Friday activities are NOT free time!)
• If you do not have a personal cell phone to use during approved times and you need to make a long distance call because of a family emergency or other serious situation, UB will provide access to a cell phone or landline. Any toll charges will be your responsibility.
• If your personal gadgets are taking attention away from UB programming, we will take and HOLD THEM UNTIL THE END OF THE WEEK. We may also forbid you from bringing them back to campus.
• Televisions, desktop computers, game systems, and DVD players from home are NOT NEEDED and NOT ALLOWED. Needed items are available for your use during free time in the residence hall and certain academic buildings. If you bring these items to campus, be prepared to have them confiscated until the end of the week.

ILLNESS, ACCIDENTS
• You are expected to REPORT ACCIDENTS and ILLNESSES IMMEDIATELY to a staff person who will escort you to the infirmary, help you fill out an Accident/Ilness Report and contact your family if necessary. IF YOU NEED TO VISIT A DOCTOR, the staff person will contact your family and accompany you there.
• If you do not attend classes, you may not join in any activities except study sessions unless you talk to a UB supervisory staff member. Assignments and meals will be brought to you in the infirmary.

VEHICLES
• BRING YOUR BIKE or SKATEBOARD! Make sure to bring a STURDY LOCK.
• Moped-licensed vehicles must use specially designated moped parking and you must purchase a campus moped permit.
• LEAVE YOUR CAR AT HOME! If you must have a car on campus, you will need to PURCHASE A PARKING PERMIT ($60) and TURN YOUR KEYS INTO UB STAFF UPON ARRIVAL.

VISITORS
• VISITORS ARE PROHIBITED except during your free time when you may invite them into the residence hall lobby. Visitors are not to be on campus during any other part of the UB day. Parents, guardians, family members and friends who are not part of Summer UB MAY NOT VISIT YOUR ROOM, except during move in/move out times.
• In EMERGENCY SITUATIONS ONLY students may be excused from UB programming to meet visitors.
• YOU ARE RESPONSIBLE FOR THE ACTIONS OF ANY PERSON THAT YOU ALLOW TO ENTER THE RESIDENCE HALL. Only let in people who you know and trust.

If you have questions about this code of conduct, call the Upward Bound office at (608) 785-8539
We will discuss the code and its consequences at the Group Meeting held on the first night of the program.

Parents/Guardians: Your signature indicates that you understand and accept this Code of Conduct for your child.

____________________________
Parent/Guardian signature

____________________________
Date

Students: Your signature indicates that you understand and accept this Code of Conduct for yourself.

____________________________
Student signature

____________________________
Date

PHOTO/MEDIA RELEASE
Sign here if you grant to the Upward Bound program at the University of Wisconsin - La Crosse the right to use, reproduce, assign and/or distribute photographs, films, videotapes and audio recordings of you for use in materials they create for information and recruiting.

☐ I hereby grant rights to use my image
Student Signature: __________________________ Date: ___________

Parent/guardian signature: __________________________ Date: ___________

WIFI CONTENT RELEASE
Sign here, after marking the appropriate box, to signify your acknowledgment that Upward Bound cannot be responsible for content accessed using cellular devises or personal electronics. There is free public Wi-Fi available on the UW-La Crosse campus and Upward Bound staff cannot be expected to supervise or approve all content, communication, or conduct on electronic devices brought to campus by students. Students and their parent/guardian will take full responsibility for any and all inappropriate or even illegal activities in which students participate while on campus.

☐ I/My student WILL NOT be bringing a cellular device/laptop to campus
☐ I/ My student WILL have a cellular device/laptop while on campus and I understand that Upward Bound is not responsible for their activity on that device.

____________________________
Student Signature: __________________________

____________________________
Date: ___________

Parent/guardian signature: __________________________

____________________________
Date: ___________

TRANSPORTATION RELEASE
BIKES/LONGBOARDS
Sign here, after marking the appropriate box, to signify your acknowledgment that Upward Bound cannot be responsible for bikes or longboards brought to campus, that proper safety and security methods have been sent with the student, and that should the situation change, Upward Bound staff will be notified. UB is not responsible for any lost or stolen item(s).

☐ I/My student WILL NOT be bringing a bicycle or longboard to campus  ☐ I/ My student WILL have a bike/longboard while on campus and I understand that I am responsible for the safety and security of the use and storage.

Student Signature: ___________________________ Date: ______________

Parent/guardian signature: ___________________________ Date: ______________

BIKE INFORMATION –

Brand ____________________ Color ______________ Serial # __________________________ Registered? YES ☐ NO ☐

We encourage you to take a picture of the bike to provide campus police should the bike be stolen. You MUST lock your bike on campus provided racking for campus police to make any effort to recover it should a theft occur.

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CARS

Sign here, after marking the appropriate box, to signify your acknowledgment that Upward Bound cannot be responsible for the use of, activities in, or damage to a vehicle brought to campus. It is the expectation that participants:

1. Will purchase a parking permit from UWL Campus Parking department or arrange for nearby free parking
2. Turn in keys to UWL staff upon arrival
3. Will not use the vehicle during the week unless going to and from work

☐ I/My student WILL NOT be bringing a vehicle to campus  ☐ I/ My student WILL have a vehicle while on campus and I understand the points listed above.

Student Signature: ___________________________ Date: ______________

Parent/guardian signature: ___________________________ Date: ______________

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CARPOOLING

Sign here, after marking the appropriate box and providing applicable information, to provide permission for your student to travel away from campus with another program parent, student with appropriate licensing, or family member.

☐ I will be providing all transportation to and from campus for my student
☐ My student will be walking/riding their bike to and from campus
☐ My student will be driving themselves, and NO ONE else, to and from campus
☐ My student will be driving themselves, and the listed students, to and from campus and arrangements have been made. (List names below)
☐ My student will have occasional transportation to and from outside activities from other parent/student in outside activities. (List names below)

Please note that probationary licenses permit only 1 non-family member to be in a car with the driver. Upward Bound will abide by this law.

☐ My student will be riding with another UB student or parent (listed below) to and from campus and arrangements have been made.

Please note that probationary licenses permit only 1 non-family member to be in a car with the driver. Upward Bound will abide by this law.

☐ OTHER (please describe) _____________________________________________________________________________________________

Parent/guardian signature: ___________________________ Date: ______________
OFFICE OF RESIDENCE LIFE – GENERAL HALL POLICIES

PEER RESPECT - Peer respect is encouraged and expected. Residents are to personally address problem behaviors tactfully, in an open manner, and expect the same from others. Dealing with your peers maturely will help with the development of a cohesive and caring community.

COURTESY AND QUIET HOURS - Courtesy hours promote a positive living environment and are in effect 24 hours a day. Hall residents and guests are to maintain a noise level conducive to a comfortable living environment where residents can study. Residents should always be able to sleep and study in their rooms without interference from their neighbors. Your compliance with requests from other hall residents and residence life staff to adjust noise levels is expected.

Facing speakers out the window and playing loud music with an open door is not permitted at any time. Repeated misuse of audio equipment will result in storage of this equipment until it can be removed from university property.

To assist in keeping courtesy and quiet hours, a maximum of ten people are permitted in any student room. Quiet hours are designed to ensure a quieter environment during the evening and night time to promote a positive atmosphere for study and sleep. When quiet hours begin, outdoor recreational activities/games near the residence halls stop. Violation of quiet hours will lead to disciplinary action.

ASSAULT/HARASSMENT - Verbal, physical or written abuse/harassment (including, but not limited to, racial, ethnic, or sexist slurs) will not be tolerated. Courtesy and respect are to be given to all students. In addition, all staff members are to be able to perform their assigned duties free of harassment, intimidation or menacing behavior from those with whom they work. When a staff member is engaged in the performance of authorized duties, the following behaviors by residents are strictly prohibited:

- Verbal or written abuse.
- Physical intimidations or menacing behavior directed at a staff member.
- Display of visual materials that demeans or humiliates a staff member.
- Interference with a staff member engaged in the performance of assigned duties.
- Failure to comply with a reasonable request from a staff member.

Violations may result in dismissal from the residence halls and University disciplinary action, including suspension. Physical force used by a resident against a staff member may result in removal from University residence halls. In every case involving physical assault on a staff member, suspension from the University will be considered.

HATE CRIMES - The Office of Residence Life will always keep the victim as our number one priority, making sure that care and support will always be available. If a perpetrator is known, University Police are to be contacted. While reporting isn’t required, it is encouraged as all reports will receive a response.

ILLEGAL DRUGS - Use or possession of illegal drugs or paraphernalia is against state law and will be dealt with accordingly. Staff reserves the right to call local authorities when students are under the suspicion of drug usage in the residence halls.

ALCOHOL POLICY - Possession of alcohol and/or containers meant to hold alcohol by students under 21 is not permitted. This includes bottles or cans as decoration. Barrels of beer, party balls and wappituli parties are not allowed in residence halls. Failure to comply with these policies is likely to result in removal from on-campus housing. Failure to comply with court ordered sanctions can result in driver license suspension and the issuance of an arrest warrant. University Police may be contacted in situations involving underage drinking or disruptive behavior. If cited by a University Police Officer, the following penalties may apply:

- 1st Offense - $375 fine and 90 day license suspension. (Reduced to ZERO if they choose the assessment. Coulee Council assessment cost = $50)
- 2nd Offense - $438 fine and 180 day license suspension. Reduced to $186 if they choose assessment. Coulee Council assessment cost = $150
- 3rd Offense - $501 fine and one year license suspension. Reduced to $249 and 3months license suspension if they choose assessment. Coulee Council assessment cost = $75
- False Identification = $501 fine.
- Disorderly conduct = $186-280.50

Additional penalties from the University may apply. Please note: Prices change periodically.

CONSERVATION AND RECYCLING - The Office of Residence Life is committed to the campus and state (Wisconsin Act 335) recycling efforts. All residents are responsible for separating trash from recyclables and for disposing of these items as prescribed by the recycling information bulletin that is distributed to each resident. Recycling and trash dumpsters are located outside each residence hall. UW-L residents are responsible for recycling clear, green, and brown glass; aluminum cans; tin; and paper (including cardboard boxes). For more information regarding recycling, call 785-8581.

GARBAGE REMOVAL - Residents must periodically clean, dispose of waste, and otherwise maintain the sanitation and safety conditions of their room/suite. You are responsible for the proper disposal of your personal room garbage as well as contributing to the cleanliness of hallways, kitchens, and bathrooms. If garbage or other items are left in any of these areas you may be assessed a charge. The residence halls take pride in maintaining a clean and neat environment. Garbage in hallways, kitchens or bathrooms is unattractive, unsanitary, and can be a fire hazard. Be aware that you are responsible to take garbage to the outside receptacles near your hall. Personal items may not be stored in the hallways. Housekeepers and staff are not employed to remove personal garbage. Garbage bags are available at the front desk.

FACILITY REPAIRS - Repairs and maintenance needs, including broken furniture, malfunctioning equipment, fixture leaks, burnt out light bulbs, and other matters requiring attention should be reported to your housekeeping staff. Residents will be held responsible for personal damage as well as damage caused by your guest(s).

POSTERS/SIGNS - Any signs, posters, pictures, or messages visible outside your room that are found to be offensive, objectionable, or questionable to another person must be removed. This includes the outside of the room door, items visible through the window, and items visible to a passerby when your door is open.

RESTROOM FACILITIES - Restroom use is only for the residents of that suite. Disciplinary action will be taken if problems arise.

TOBACCO AND SMOKING - All residence halls are smoke free. There is a 25 foot no smoking zone outside all University buildings.

SAFETY - For safety concerns, the following activities are not allowed in the residence halls and should be enjoyed in recreation areas away from the residence halls:
Ball bouncing and playing, hockey, bike riding, bowling, skate boarding, Frisbee, tennis, golfing, dart throwing, wrestling, snowballs, water guns, roller blading, and boxing.

Guns, archery equipment, knives (hunting, sporting and/or switch blades), or other officially recognized lethal weapons are prohibited in the residence halls. Fireworks and firecrackers are prohibited by Wisconsin Statutes.

No open flames or burning of any items, including candles, incense, potpourri pots, etc. may take place in residence halls.

Smoke detectors are provided in each room. For personal safety, do not unplug or obstruct the front of it. Violation of this policy may result in disciplinary action and/or arrest and immediate removal from the residence hall.

Fire alarms require all residents to immediately vacate the building. Violation of this policy may result in disciplinary action and/or arrest and immediate removal from the residence hall.

SECURITY/RESIDENCE HALL ENTRY - For the safety of all students, side and back doors are locked at all times. [However, front doors are unlocked from 9 am-10 pm, Mondays through Thursdays, 9 am to 6 pm Fridays and 6 pm to 10 pm Sundays for Upward Bound.] Residents do not have access to exterior doors when locked. If in need of access to the building during locked hours, please contact UB Staff, not other participants.

KEY - You are responsible for your key and should carry it with you at all times. For security reasons, key losses should be reported immediately to the hall director or assistant hall director. You will be charged for the replacement of a lost key. At no time should your key be given to someone else for his or her use. Keep your room door locked at all times. You are responsible for your key and access to your room. Staff will assist you as time permits but may not be immediately available. If you need to be let into your room, you will be assessed a $1 fee to be paid to the staff member and documented on a key-in card. This money will be donated to charity.

Ongoing need for staff key-in assistance may result in disciplinary action.

SAFETY PHONES - There are outside safety phones on campus at the main entrance of each residence hall, between Hutchison and Drake Halls, Wimberly Hall, Wilder Hall, Murphy Library, Mitchell Hall, and Cartwright Center. Safety phones are identified with blue lights and ring directly to the Protective Services Office. The phones located at the entrance of every residence hall can also be used for regular phone calls.

FIRE SAFETY - Know and follow fire evacuation routes posted around your residence hall. Note the location of a fire extinguisher in your residence hall. In case of fire and fire evacuation:

If your door is hot or if the corridor is full of smoke,
1. REMAIN IN YOUR ROOM.
2. Put towels around your door and seal all cracks.
3. Hang a sheet or towel from your window,
5. If you have a phone in your room, call Protective Services – 608-789-9999 or Emergency Dispatch – 911.

If it is safe to leave:
1. Open the draperies and close windows.
2. Turn ON the lights.
3. Wear hard-soled shoes and a coat; take wet towel
4. Close the door as you leave
5. Follow evacuation exit route posted in your room
6. Stand away from the building; wait for clear signal

SEVERE WEATHER AND TORNADOES - A Tornado/Severe Weather WATCH means that the present weather conditions could produce a tornado, thunderstorm, or severe weather. A Tornado WARNING means that a tornado has actually been sighted. In this situation, action should be taken immediately! In the event a TORNADO WARNING is established for our area, residents should

• Remain calm but move expeditiously.
• Close and lock room doors.
• Protect head and face.
• Go down to the basement or move to an interior area of the building.
• Stay away from windows and glass.
• Do not leave this area until instructed to do so.

In the event that there is not any time to evacuate, crawl under a desk or use a mattress to protect yourself.
University of Wisconsin - La Crosse
UPWARD BOUND HEALTH HISTORY QUESTIONNAIRE

Participant ___________________________ Birth date _________ Height _____ Weight _____

Address _______________________________ City _______________ State ___ Zip _______

Parent/Guardian _________________________ Relationship ________________________

HOME PHONE ____________________________ Work/Alternate/Cell Phone ______________________

Address (if different) ______________________ City _______________ State ___ Zip _______

In case of emergency (injury or illness), if parent/guardian cannot be contacted, whom shall we contact?

Name ______________________ Relationship: _______________ Phone __________________________

Physician/Clinic _________________________ Phone ________________________________

Insurance _______________________________ Policy # _______________________________

MEDICAL INFORMATION

Has participant ever had major surgery or been hospitalized? □ YES □ NO Date of last physical exam ________

Explain significant operations, accidents or illnesses, and last medical attention and reason: ______________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Does participant have any physical condition(s) requiring special considerations? Explain: ______________________

___________________________________________________________________________________________

Does participant have allergic reactions to: Penicillin? □ yes □ no Other antibiotics? □ yes □ no Specify: _____

Other medicines? □ yes □ no Specify: _______ Insect bites/stings? □ yes □ no Specify: ________________

Is participant currently taking any medication regularly? □ yes □ no If yes, identify: ______________________

(Consent for Medication Administration must be signed.)

Has participant had or presently experiencing:

☑ YES ☐ NO Allergies ☑ YES ☐ NO Asthma ☑ YES ☐ NO Bleeding Disorder
☑ YES ☐ NO Cancer ☑ YES ☐ NO Colitis ☑ YES ☐ NO Diabetes
☑ YES ☐ NO Blackouts ☑ YES ☐ NO Seizures ☑ YES ☐ NO Epilepsy
☑ YES ☐ NO Heart Disease ☑ YES ☐ NO Hernia ☑ YES ☐ NO High Blood Pressure
☑ YES ☐ NO Joint Injury/Surgery ☑ YES ☐ NO Kidney Disease ☑ YES ☐ NO Menstrual Problems
☑ YES ☐ NO Mental/Emotional Problems ☑ YES ☐ NO Back Pain or Injury ☑ YES ☐ NO Neck Pain or Injury
☑ YES ☐ NO Rheumatic Fever ☑ YES ☐ NO Tuberculosis ☑ YES ☐ NO Ulcer
☑ YES ☐ NO Other: ___________________________

Immunization Record:
MMR (measles, mumps, rubella) Dose 1 (at 12 months or after) _____/____/_____ Dose 2: _____/____/_____

Tetanus-Diphtheria _____/____/____ Year initial series completed _______ Year of last tetanus booster _____

Participant must have had a physical examination within 36 months of the camp/event participant is registering for in order to participate. Please furnish date of the last physical examination. _____/____/_____
TO THE PARENT(S) OR LEGAL GUARDIAN
CONSENT FOR MEDICATION ADMINISTRATION

If your son, daughter, or ward will be under the age of 18 while at the Upward Bound program at the University of Wisconsin-La Crosse, it is camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by designated camp staff.

All medications must be in a medicine bottle and labeled with the camper’s name, doctor’s name and phone number, medication name, and dosage. You must also complete the form below:

☐ No medication has been brought to camp.
☐ I want the medication or medical devices self-administered. (Age 14 and above only.)
☐ I want the medication or medical device administered by the designated camp staff. However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward. (i.e. bee sting kits, inhalers)

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<tr>
<th>Name of Medication(s)</th>
<th>Prescribing Doctor</th>
<th>Doctor’s Phone #</th>
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<th>Amount to be taken</th>
<th>How is it taken?</th>
<th>Time(s) of day to be taken</th>
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<th>Day(s) to be taken</th>
<th>Special Instructions</th>
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Signature of Parent or Guardian (or student if age 18 or older) ________________________________ Date _______________

CONSENT FOR MEDICAL TREATMENT

If your son, daughter, or ward will be under the age of 18 years while at summer Upward Bound, it is our policy to secure your consent for medical treatment.

By signing below you give your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury. By signing below you state that you are aware of and accept the risk inherent in the program activity. By signing below you agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-La Crosse, their officers, employees and agents, from any and all liability, loss, damages, or expenses which are sustained, or required arising out of the actions of your dependent in the course of the camp/event.

Participant Name (Please Print) ___________________________ Parent or Guardian signature (student if age 18 or older) ___________________________ Date _______________

ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION

In full recognition and appreciation of the hazards and exposures involved I do hereby voluntarily agree to assume all of the risks and responsibilities involving my child’s voluntary participation in summer Upward Bound (June 18 through July 30, 2014) or any independent research or activities undertaken as an adjunct thereto; and, further, I do for myself, my heirs, and personal representative(s) hereby defend, hold harmless, indemnify and release and forever discharge the State of Wisconsin, Board of Regents of the University of Wisconsin System and all its officers, agents, employees and volunteers from and against any and all claims, demands, and 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’s participation in the 2014 summer Upward Bound program.

I confirm that I have health and accident insurance in effect for the inclusive dates of my participation and no such coverage is provided for me by Upward Bound or the University or the State of Wisconsin. I have read and executed this document with full knowledge of its significance. In witness whereof, I have caused this release and indemnification agreement to be executed.

Student Signature ___________________________ Date _______________ Witness Signature ___________________________ Date _______________

If Student/Intern/Volunteer is under the age of eighteen (18):

Parent/Guardian signature ___________________________ Date _______________ Witness Signature ___________________________ Date _______________
Release and Waiver of Liability for Minors

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the “Release”) executed on this ___ day of ______________, 20___, by ________________________________, a minor child (the “Volunteer”), and ________________________________, the parent having legal custody and/or the legal guardian of the volunteer (the “Guardian”), in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Habitat for Humanity-La Crosse Area, Inc., a Wisconsin nonprofit corporation, their directors, officers, employees, and agents (collectively, “Habitat”).

The Volunteer and Guardian desire that the Volunteer work as a volunteer for Habitat and engage in the activities related to being a volunteer (the "Activities"). The Volunteer and the Guardian understand that the Activities may include constructing and rehabilitating residential buildings, working in the Habitat offices, and living in housing provided for volunteers of Habitat.

The Volunteer and Guardian do hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. Release and Waiver. Volunteer and Guardian do hereby release and forever discharge and hold harmless Habitat and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s Activities with Habitat. Volunteer and Guardian understand that this Release discharges Habitat from any liability or claim that the Volunteer or Guardian may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s Activities with Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer and Guardian also understand that Habitat does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

It is the policy of Habitat that children under the age of 14 not be allowed on an Habitat worksite while there is construction in progress. It is further the policy of Habitat that, while children between the ages of 16 and 18 may be allowed to participate in construction work, ultra hazardous activity such as using power tools, excavation, demolition or working on rooftops is not permitted by anyone under the age of 18.

2. Medical Treatment. Volunteer and Guardian do hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with Habitat or with the decision by any representative or agent of Habitat to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

3. Assumption of the Risk. The Volunteer and Guardian understand that the Activities may include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat from all liability for injury, illness, death or property damage resulting from the Activities.

4. Insurance. The Volunteer understands that, except as otherwise agreed to by Habitat in writing, Habitat does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Habitat does, however, provide GAP insurance to all Volunteers under its medical insurance. This means that in the event that medical attention is sought, the Volunteer and/or Guardian’s primary medical insurance pays first. Habitat’s medical
insurance would only pay as secondary coverage or in the case that the Volunteer does not have any medical insurance. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

5. Photographic Release. Volunteer does hereby grant and convey unto Habitat all right, title and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer’s Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. Volunteer and Guardian consents to Habitat's use of his/her name, voice, and/or likeness for the purpose of advertising, promotion, or any other purpose Habitat deems desirable, and waives any and all claims on them.

6. Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Wisconsin. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. Nothing in this Release or in the services performed by the Volunteer shall be considered to create the relationship of employer and employee between Habitat and Volunteer.

By signing below, the Volunteer and, if applicable, the parent/guardian, has read, understood, and executed this Release as of the date first above written.

Please Print:

Volunteer (Minor) ____________________________________________________________

Address __________________________________________________ Phone _____________

City ___________________________ State ________ Zip ______________

Parent/Guardian Signature: __________________________________ Date ____________

Relationship to Volunteer: ________________________________________________
PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGEMENT OF RISK

In consideration of the services of the UW-La Crosse Climbing Wall, their agents, owners, officers, volunteers, participants, employees, sponsors, and other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "UWL.CW"), I hereby agree to release and discharge the UWL.CW, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that climbing on a climbing wall entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: climbing on, or falling off, loose and/or damaged artificial holds, the artificial climbing structures, falling to the ground, on other users, or being fallen on by other users, abrasions from the walls, ropes, pads, or the floor, equipment failure, belay failure, or climbing out of control or beyond ones personal limits, the negligence of other climbers, visitors, participants, or other persons who may be present, or my own negligence. Furthermore, UWL.CW employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be ignorant of a participant’s fitness or abilities. Instructors may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless UWL.CW from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of UWL.CW's equipment or facilities, including any such Claims which allege negligent acts or omissions of UWL.CW.

4. Should UWL.CW or anyone acting on their behalf, be required to incur attorney’s fees and costs to enforce this agreements, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against UWL.CW on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: ____________________________________________ Check one: ___ UWL ___ Non UWL

Check one: ___ 18 years of age or older ___ Under 18 years of age (Parent/Guardian consent required)

Print Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Address: __________________________________________ City: ______________ State: _________ Zip: __________

Phone: __________________________ Date: ______________ Birth Date: ______________ Age: _________

PARENTS OR GUARDIAN’S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of __________________________________________ (print minor’s name) (“Minor”) being permitted by UWL.CW to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless UWL.CW from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Signature of Parent or Guardian: __________________________________________ Date: ______________

Print Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

PHOTO/MEDIA RELEASE (Must be completed for participants if under the age of 18)

I grant to UWL.CW the right to use, reproduce, assign and/or distribute photographs, films, and videotapes of myself or on the behalf of minor for use in materials they may create.

Signature of Parent or Guardian: __________________________________________ Date: ______________