



Student and Parent/Guardian Commitment

Dear Student and Family,

We have found that strong support from a family is a vital component of the success of the STEAM2 Summer Program and the long-term academic achievement of your student. We thank you for permitting your student to participate in the program.

Parent/Guardian Contact Information: This information will be used by the staff to communicate with you throughout the program. In the event of an emergency, it will be shared with emergency personnel. We request at least one contact to be listed below:

Parent/Guardian Name: _____

Phone: _____

Relationship to student: _____

Phone: _____

Participant Rules and Agreement

Participants are required to follow the STEAM2 Summer Program rules and policies outlined below. Participants are also required to adhere to the SANO Health ARM's Principles of Community which are available online at <https://www.sanohealth.org/community-principles>. Failure to follow these rules and regulations is grounds for dismissal from the SANO Health ARM - STEAM2 Summer Program.

- I am required to be on time and attend all scheduled and activities. Remote options may/may not be available for in-person activities that are scheduled.
- I understand I am expected to be attentive and engaged during in person and online activities. Being attentive and engaged includes but is not limited to staying awake, listening, and contributing to discussions.
- I agree to follow all the rules and listen to program staff including mentors, program director, faculty, staff, and guest speakers.
- I agree to be kind, courteous, and respectful to everyone in the program.

Continued, Participant Rules and Agreement

- Participants will meet physicians, faculty, medical students, and other professionals. I am expected to conduct myself in an appropriate manner, i.e. use appropriate language for activities and be respectful towards all individuals.
- I understand that am required to have my Zoom username listed as my first and last name. I understand that program staff will instruct me when to turn on or off webcams and/or mics for participation.
- I agree to only distribute links, login, information, or passwords to SANO Health ARM STEAM2 online activities to parents/guardians.
- I understand I may not record, take photos of or otherwise capture images or recordings of any STEAM2 activities held on zoom or held in person without written permission from program administration.
- I understand that I am to demonstrate academic integrity. This means that I will complete program assignments and my section of the team project with honesty without plagiarizing (copy work from others). I will follow the program instructions to acknowledge and provide a citation for the resources, articles, and books I use to learn about and create my section of the team community health project.
- I understand that no form of sexual misconduct, harassment, violence, threats of violence, bullying, cyberbullying, or other acts of online or offline communications or behaviors intended to intimidate, harass, or annoy will be tolerated and may result in immediate dismissal.
- I understand that possession of or display of tobacco, marijuana, alcohol, illegal drugs, drug paraphernalia, fireworks or other explosives, firearms or other weapons is prohibited and is grounds for immediate dismissal from the program.
- The STEAM2 Program is a smoke/tobacco free community and individuals are not to smoke or use tobacco at SANO Health ARM and/or its affiliated facilities. All SANO Health ARM-owned and -leased facilities, buildings, grounds and athletics properties are smoke/tobacco-free, regardless of whether or not notices are posted.

Guest policy: This program is only for participants. Other students are not permitted to join program activities to ensure a successful educational environment and to respect the privacy of all STEAM2 participants. *During in person sessions, family members/guardians may accompany students during the sessions, or they may depart after drop off, returning for pick up at the end of the session. The Presentation session is a celebratory occasion and is intended for family members, parents/guardians and students.*

The student and parent/guardian have read and reviewed the above and understand that failure to follow the policies is grounds for dismissal from the SANO Health ARM - STEAM2 program.

Participant Name: _____

Participant Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In return for being permitted to participate in the following activity or program (“The Activity”), including any associated use of the premises, facilities, staff, equipment, transportation, and services of SANO Health ARM Inc., I, for myself, heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** SANO Health ARM Inc., its directors, officers, employees, and agents, from liability **from any and all claims, including the negligence of SANO Health ARM Inc.**, resulting in personal injury (including death), accidents or illnesses, and property loss, in connection with my participation in the Activity and any use of SANO Health ARM Inc. premises, equipment, and facilities.

Description of Activity or Program:

STEAM2 workshops, student panels, field trip(s), interactive projects, with integrative multidisciplinary classes

Date(s): 6/24/24 - 6/28/24

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to 3) catastrophic injuries such as paralysis and death.

Indemnification and Hold Harmless: I also agree to indemnify and hold SANO Health ARM Inc. harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, arising out of my involvement in The Activity, and to reimburse it for any such expenses incurred.

Severability: I further agree that this Waiver of Liability, Assumption of Risk, and Indemnity Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid the remaining portions will continue to have full legal force and effect.

Governing Law and Jurisdiction: This Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the Courts of the State of California.

Acknowledgment of Understanding: I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I confirm that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Participant Name (print)

Date of Birth

Participant Name (print)

Date of Birth

I, the parent/legal guardian of the Participant, hereby agree to the above on behalf of the Participant.

Parent/Guardian Name (print)

Signature

Date