COSMOS 2015 Accepted Student Packet Checklist

Cluster 8

Please make sure all forms are filled out completely and signed by the student and a parent/guardian as required.

Waivers:

- UCSD Online Services Agreement
- Waiver of Liability, Academic and Transportation Agreement
- Rock Climbing Waiver Release (Optional)
- Evaluation Consent/Media Release Waiver
- Family Weekend Departure Form
- Confidential Health History Form
- UCSD Cosmos Program Student Code of Conduct Certification
- Academic Field Trip/Field Work & Weekend Excursion Waiver

Additional Waivers:

- Minors in the Lab Form
- Field Trip Waiver – J. Craig Venter

Additional Items:

- Check or Money Order (payable to “UC Regents”). Credit card payment is available by logging into the student’s online application and selecting the “Online Payment” tab in the gray bar along the top.
- Medical Insurance Card – copy, front and back
- What to Bring Checklist

Mail all items to:

COSMOS at UC San Diego
Jacobs School of Engineering
9500 Gilman Drive #0429
La Jolla, CA 92093-0429
UCSD Online Services Agreement

COSMOS students are authorized to use the University’s Internet/online services in accordance with the following obligations and responsibilities:

1. Users are responsible for proper use of online accounts at all times. Users shall keep private personal account numbers, addresses, and telephone numbers. They shall use the system responsibly.

2. The Internet shall be used for educational purposes only. Commercial, political and/or personal use is strictly prohibited. The University reserves the right to monitor online communication for improper use.

3. Users shall not use the system to encourage the use of drugs, alcohol, or tobacco, nor shall they promote unethical practices or any activity by law or University policy.

4. Users shall not transmit or access material that is threatening, obscene, disruptive, or sexually explicit nor material that could be construed as harassment or disparagement of others based on race, national origin, sex, sexual orientation, age, disability, or political belief.

5. Materials obtained or copied on the Internet may be subject to copyright laws, which govern the making of reproductions of copyrighted works. A work protected by copyright may not be copied without permission of the copyright owner unless the proposed use falls within the definition of “fair use.” Violation of copyright laws may subject user to an action for damages and/or injunction.

6. Users shall not read others’ mail or files, they shall not attempt to interfere with another users’ ability to send or review electronic mail, nor shall they attempt to delete, copy, modify or forge other users’ mail.

7. Users are expected to keep messages brief and use appropriate language.

8. Users shall report any security problems or misuse of the network to any COSMOS Staff.

9. The Internet contains material that may be considered harmful. The University will not knowingly allow the use of the Internet for access of harmful matter. Because the University is a public place shared by students and staff of all ages, staff reserves the right to end Internet sessions when such material is displayed. The University maintains all Internet stations.

I understand and will abide by the provisions and conditions on this contract. I understand that any violation of the above provisions may result in disciplinary actions, the revoking of my technology access privileges, dismissal from the program, and/or appropriate legal action.

I plan to bring my personal laptop computer to COSMOS*:  □ Yes □ No

Student Name (Please Print)      Student Signature      Date

I have read this contract and understand that Internet privileges are intended for education purposes. I understand that it is impossible for the University of California, San Diego to restrict access to all controversial materials, and I will not hold the University responsible for material acquired on the network. I agree that my son/daughter’s inappropriate use of the University’s technology may result in disciplinary action, the loss of technology privileges, dismissal from the program, and/or appropriate legal action. I hereby give my permission for my student to access information utilizing the University network and Internet gateway.

Parent/Guardian Name (Please Print)      Parent/Guardian (Signature)      Date

*Students are not required to bring computers and will have access to facilities during the duration of the program. The above signatures also indicate that signers will not hold UC San Diego or COSMOS responsible for loss or damage to personal computers. Signers fully accept the inherent risk of bringing private property to campus.
Waiver of Liability, Assumption of Risk, Indemnity Agreement

Academic & Transportation Waiver: In the consideration of being permitted to participate in any way in Academic Programs and transportation for all Academic programs from 07/05/15 – 08/01/15, including all academic and residential living activities including laboratories, classrooms, sports, swimming, social, and off-campus events. Transportation includes 7 passenger vans, chartered buses, and UCSD/staff vehicles. Hereinafter called “The Activity,” I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge and covenant not to sue the Regents of the University of California, its officers, employees, and agents from liability from any and all claims including negligence of the Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illness (including death), and property loss arising from, but not limited to, participation in The Activity.

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

I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY and HOLD the Regents of the University of California HARMLESS from any and all claims, actions, suit, procedures, costs, expenses, damages, and liabilities, including attorney’s fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad an inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement 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 acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowed by the law.

_____________________________ _________________________
Student Name (Please Print)   Student Signature     Date

______________________________ _________________________
Parent/Guardian Name (Please Print)  Parent/Guardian Signature    Date

Participant’s age (if a minor): _____
Waiver, Release and Indemnity Agreement

NOTICE: By signing this agreement you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the Outback Climbing Center now or any time in the future.

Acknowledgment of Risk
I hereby acknowledge and agree that the sport of rockclimbing and the use of the Outback Climbing Center located in the Canyonview Pool Complex (hereinafter referred to as the climbing wall) have inherent risks. I have full knowledge of the nature and extent of all the risks associated with rockclimbing and the use of the climbing wall, including but not limited to:

1. All manner of injury resulting from falling off the climbing wall and impacting against rock faces and projections, whether permanently or temporarily in place, or the floor.
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the climbing wall such as, but not limited to climbing, belaying, rappelling, lowering on rope, rescue systems (including failed rescue attempts) and any other rope techniques.
3. Injuries resulting from falling climbers or dropped items, such as but not limited to ropes or climbing hardware.
4. Cuts and abrasions resulting from skin contact with the climbing wall.
5. Failure of ropes, slings, harnesses, climbing hardware, anchor points, or any part of the climbing wall structure.

I further acknowledge that the above list is not inclusive of all possible risks and does not limit this release and covenant not to sue.

Release, indemnification and covenant not to sue
In consideration of my use of the climbing wall, I, ____________________________, the undersigned hereby voluntarily release, waive, discharge and relinquish any and all actions or cause of action for personal injury, property damage or wrongful death occurring to me arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities or instructions may continue, and the Undersigned does for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against THE REGENTS OF THE UNIVERSITY OF CALIFORNIA or any of its officers, agents, servants, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise. IT IS THE INTENTION OF (name) ____________________________ BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE REGENTS OF THE UNIVERSITY OF CALIFORNIA he/she shall indemnify and save harmless the same THE REGENTS OF THE UNIVERSITY OF CALIFORNIA From any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The Undersigned acknowledges that he/she has read the foregoing two paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in this activity and is fully aware of the legal consequences of signing the within instrument.

Signed:

______________________________  ____________________________  ______________
Climbing Wall User’s Signature   Climbing Wall User’s Name, (Print Clearly)  Date

______________________________  ______________
Signature of Parent/Guardian   Print (Sign, print and date if user is under 18)  Date
Evaluation Consent

The University intends to conduct a program evaluation of this year’s COSMOS Program to learn about students’ experiences in COSMOS and the impact he/she thinks it had. We use this information to make modifications and improvements in future programs and to better understand the program effects on its participants. Your evaluative comments will help ensure that future participants will have a positive experience and benefit from the program to the highest degree possible.

Students will be asked to complete a questionnaire at the beginning of the program and another one at the end. Each questionnaire will take about 30 minutes and there may be cluster specific questions included. All information gathered during this process will be confidential, there are no risks to completing the evaluation. Only program staff involved in evaluating the program will have access to the survey and interview results.

Name of COSMOS Participant (please print): ________________________________________________________________

☐ Yes  ☐ No   My student has permission to participate in the evaluation of COSMOS

Student Signature____________________________________________ Date _________________

Parent/Guardian Signature ______________________________________  Date _________________

Media Release Waiver

We hereby authorize the Regents of the University of California and their appointed agents to photograph, videotape, audio record, televise, duplicate and/or transfer to present or future technology for the purposes of COSMOS program public relations and marketing,

________________________ (student’s name) as a participant in/alumnus of the COSMOS program.

To promote the COSMOS program, we agree that the Regents of the University of California its authorized agents, employees and assignees may use the photographs, videotapes, and/or audio recordings prepared there from, to produce, exhibit, publish, or distribute in any positive manner as they deem fit. No compensation will be paid for this use.

I understand that my student’s name, hometown or country, honors, photograph, and partial or full sections of their COSMOS essays may be used or be considered for use, for future COSMOS information items, including news releases.

Student Signature ___________________________________________ Date _________________

Parent/Guardian Signature _____________________________________ Date _________________
Family Weekend Departure Form

Students may leave the COSMOS program as noted below for Family Weekend. Many students remain at COSMOS, and supervision and activities are planned for those students. Students WILL NOT be allowed to leave campus without ADVANCED written permission from a parent/guardian. Prior to departure and upon return, students MUST be signed in/out by the person listed below with a COSMOS staff member at the Eleanor Roosevelt College Residential Halls. This policy is for the safety of our students.

If you are unsure, complete the form as if the student will be departing. Students will be asked to confirm their intention closer to the weekend date. Having a completed form on file allows the student to choose.

All students MUST be back on campus by 5:00pm Sunday, July 19.

☐ My student will be picked-up on Friday, July 17 and return on Sunday, July 19
☐ My student will not be participating in Family Weekend

Student Name ____________________________________________
Student Contact Number (e.g. 858-555-1234): ________________________________
Cluster Name or Number: ____________________________________________

DEPARTURE INFORMATION

Person(s) picking-up student: ____________________________________________
(must be over 18 – IDs required)
Relationship of above person(s) to student: ________________________________
Contact Number (e.g. 858-555-1234): ________________________________

Friday, July 17, 2015
Pick-up Between 6-9pm

RETURN INFORMATION

Person(s) dropping-off student: ____________________________________________
(if different from above)
Relationship of above person(s) to student: ________________________________
Contact Number (e.g. 858-555-1234): ________________________________

Sunday, July 19, 2015
Drop-off between 2:00-5:00pm

I understand the procedures and check-in/check-out times for Family Weekend and verify that all of the above information is correct.

Parent/Guardian Name (Please Print) ____________________________
Parent/Guardian Signature ____________________________ Date ____________________________
**Confidential Health History Form (1 of 2)**

**Student Name**
Last ___________________________ First ___________________________ Gender □ M □ F
DOB: ___________________________ MM/DD/YYYY

**Cluster # and title:** ______________________________________________________

**Parent/guardian who holds insurance coverage for student:** ______________________

□ Private Medical Insurance □ Kaiser □ Medi-Cal □ None □ Other ________________

□ PLEASE provide a copy of the front and back of the insurance and/or prescription card that covers the student

**GENERAL HEALTH**
My general health is: □ Excellent □ Good □ Fair □ Poor
Height: _________ Weight: _________ lbs. Eye Color: _________________ Hair Color: _________________

List any recent or continuing health problems: ______________________________________________________

List any physical or learning disabilities: _____________________________________________________________

Are you currently under the care of a doctor or other healthcare professional? □ Yes □ No
If yes, please specify for what condition(s): __________________________________________________________

**MEDICAL HISTORY**
Please circle the appropriate answer for each of the following questions as it pertains to the COSMOS student:

<table>
<thead>
<tr>
<th>OVER-THE-COUNTER MEDICATIONS:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Okay to dispense at students request? (i.e. Tylenol, Advil, Motrin, Pepto Bismol, etc)</td>
<td></td>
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<tr>
<td>Restrictions ________________________________</td>
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<tr>
<th>FOOD (please circle all that apply):</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Vegetarian</td>
<td></td>
<td></td>
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<tr>
<td>Vegan</td>
<td></td>
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<tr>
<td>Allergies</td>
<td></td>
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<tr>
<td>Specify allergies ____________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietary Restrictions ______________________</td>
<td></td>
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<tr>
<td>NOTE: Medical Form needed for accommodations. Contact <a href="mailto:cosmos@ucsd.edu">cosmos@ucsd.edu</a> for form</td>
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<tr>
<th>Allergic to any medications? If yes, medications and symptoms:</th>
<th>YES</th>
<th>NO</th>
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<td>___________________________________________________________</td>
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<tr>
<th>Diabetes? If yes, do you use insulin and how often?</th>
<th>YES</th>
<th>NO</th>
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<td>_____________________________________________________</td>
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<tr>
<th>Knee, hip, ankle, shoulder, arm or back injuries/operations? If yes, date and type of injury:</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td>____________________________________________________________</td>
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<tr>
<th>Do you carry an epinephrine pen? Bee Sting Kit? Allergic to insect bites?</th>
<th>YES</th>
<th>YES</th>
<th>NO</th>
<th>NO</th>
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<td>_________________________________________________________________</td>
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<tr>
<th>Prosthetic joints or devices If yes, list</th>
<th>YES</th>
<th>NO</th>
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<td>__________________________________________</td>
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<tr>
<th>Other (e.g. crutches) __________________________</th>
<th>YES</th>
<th>NO</th>
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<td>_____________________________________________</td>
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<tr>
<th>Do you carry an inhaler?</th>
<th>YES</th>
<th>YES</th>
<th>NO</th>
<th>NO</th>
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<tr>
<td>__________________________</td>
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<tr>
<th>Surgery/Hospitalization? List type and year:</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td>___________________________________________</td>
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<tr>
<th>Respiratory problems? Asthma? Do you carry an inhaler?</th>
<th>YES</th>
<th>YES</th>
<th>NO</th>
<th>NO</th>
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<td>_____________________________________________________</td>
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<tr>
<th>Cultural/Religious Restrictions? Food? Other?</th>
<th>YES</th>
<th>NO</th>
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<td>____________________________________________</td>
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<tr>
<th>Contact lenses or eyeglasses Hearing Aids: □ Both □ Right □ Left</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact lenses or eyeglasses Hearing Aids: □ Both □ Right □ Left</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurological problems? Epilepsy? Pacemaker?</th>
<th>YES</th>
<th>YES</th>
<th>NO</th>
<th>NO</th>
</tr>
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<td>___________________________________________</td>
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<table>
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<tr>
<th>Epilepsy? Pacemaker?</th>
<th>YES</th>
<th>YES</th>
<th>NO</th>
<th>NO</th>
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<tr>
<td>______________________</td>
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Confidential Health History Form (2 of 2)

MEDICATIONS – Parent acknowledges that student is required to store prescription and over-the-counter medications in original containers with written instructions, is responsible to self-administer dosage according to instructions, and not share medications with other students.

ARE YOU TAKING ANY MEDICATIONS? ☐ YES ☐ NO If yes, please specify below:

AUTHORIZATION FOR TREATMENT

Instructions: In the event of an emergency, UC San Diego COSMOS will make every effort to reach the parent(s)/guardian(s) before using the authorization below. However, in the case of an emergency, your authorization may assist in obtaining immediate and necessary medical care for your child or dependent.

Statement: By signing this authorization, I hereby authorize the University of California’s employees, faculty, agents or other designated official to act on my behalf and authorize such emergency treatment for my child/dependent to secure whatever treatment is deemed necessary.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and/or surgeon. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist.

I understand that I am responsible for any and all charges incurred including transportation by ambulance. If I am unable to pick up my child/dependent in the event of an emergency, my child/dependent may be released to the emergency contact listed below. This authorization is valid until August 1, 2015.

Mother's Name: __________________________________________
Mother's Day phone: ________________________________
Mother's Evening phone: ____________________________

Father's Name: __________________________________________
Father's Day phone: ________________________________
Father's Evening phone: ____________________________

Emergency Contact (other than parent/guardian):
Day phone: ________________________________
Evening phone: ____________________________

AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL INFORMATION

I hereby authorize UC San Diego COSMOS to release the information included on this form, including all pages of this Confidential Health History form, and any additional medical information submitted to UC San Diego COSMOS (including verbal, electronic, and supplemental pages) or to the University of California's employees, faculty, agents or other designated official to medical and/or psychological professionals, agents or other designated personnel. I understand that this information will be used for the purpose of protecting my child's/dependent's health during the period of his/her participation in the program identified on the form, including, but not limited to providing information for the purpose of medical treatment in the case of medical urgency while participating in COSMOS.

☐ I HAVE ENCLOSED A COPY OF BOTH SIDES OF MY MEDICAL INSURANCE CARD and understand that this information will be used for the purpose of protecting my child's/dependent's health during the period of his/her participation in the program identified on the form, including, but not limited to providing information for the purpose of medical treatment in the case of medical urgency while participating in COSMOS. This authorization is valid until August 1, 2015.

_________________________________________ __________________________
Student Name (Please Print)   Student Signature     Date

_________________________________________ __________________________
Parent/Guardian Name (Please Print)   Parent/Guardian Signature    Date
ALL STUDENTS, please carefully READ, SIGN and MAIL this Certification page with your additional required forms, waivers and tuition payment to the address below on or before June 5, 2015 deadline. Keep the remaining portion of the COSMOS Student Code of Conduct for your records and as a reference.

COSMOS at UC San Diego
Jacobs School of Engineering
9500 Gilman Drive #0429
La Jolla, CA 92093-0429

By signing this certification, ______________________________________, as the parent(s)/guardian(s) of ______________________________________, certify that we have read, understand, and agree with the terms and conditions of the COSMOS Student Code of Conduct, the Judicial Review process, all Student Handbook sections, and other publications incorporated herein by reference. Furthermore, we understand that failure to abide by all rules of conduct cited above will result in disciplinary action outlined under the Judicial Review section.

Student Tuition Payments

Acknowledgement/Understanding of the COSMOS Tuition Refund Policy: All refund requests must be submitted in writing to the COSMOS Program Manager by U.S. mail, e-mail, or fax. Once tuition has been deposited, a $100 processing fee will be assessed prior to processing a refund payment. Refund payments shall be issued to the party who paid the tuition payment. The UCSD COSMOS refund schedule is as follows:

• Cancellation request received more than one month before COSMOS Opening Day (on or before June 5):
  100% of tuition (less $100 processing fee)
• Cancellation request received one month to two weeks prior to COSMOS Opening Day (June 6 - 21):
  50% of tuition (less $100 processing fee)
• Cancellation request received less than two weeks prior to COSMOS Opening Day (June 22 or later):
  NO REFUND
• Dismissal or voluntary departure from COSMOS program at any time:
  NO REFUND

If you have been awarded Financial Assistance

It is understood that by accepting financial assistance to attend the COSMOS program, I am making a commitment to complete the full four weeks of the program. I acknowledge that financial assistance to attend COSMOS is provided by a private donor to ensure that all committed California students will have the opportunity to pursue their academic interests.

ALL STUDENTS MUST SIGN. If only one parent/guardian is legally responsible for the student, then only one parent/guardian signature is required.

Parent/Legal Guardian Signature __________________________ Date ______________

Parent/Legal Guardian Signature __________________________ Date ______________

Student Participant Signature __________________________ Date ______________

Print parent/guardian’s full name

Print student’s full name
Academic Field Trip/Field Work & Weekend Excursion Waiver

As stated in California Education Code Section 35330, I understand that I hold harmless the Regents of the University of California, its officers, employees, and agents, as well as all other participating school districts, their offices, employees, and agents from any and all claims including the negligence of the Regents of the University of California, its officers, employees, and agents in connection with participation in any and all Academic Field Trip/Field Work & Weekend Excursions offered through the COSMOS Summer Program.

In the event of injury or illness, I hereby consent to x-ray, examination, anesthetic, medical, dental or surgical diagnosis or emergency treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the participant’s safety and welfare. I accept full responsibility for resulting medical expenses.

I understand that as a participant of the COSMOS Program that my student will participate in academic field trip/field work activities, trips off-campus, and weekend excursions. I understand and give my permission for my student to participate in any and all possible field trip activities listed on this waiver. Further, I also understand that my student will be transported to these activities via 7-8 passenger vans, UCSD shuttle, commercial bus, school bus companies, and/or university vehicle.

I understand and attest that my student will abide by all rules and regulations governing conduct during these activities. Any violation of these rules may result in my student’s dismissal, at my expense, including forfeiture of fees and transportation to return home.

Possible activities include:
- San Diego Supercomputer Center
- Stephen Birch Aquarium
- Indoor Rock Climbing
- Scripps Institution of Oceanography
- Balboa Park and Museums
- San Diego Zoo
- Shopping malls, movie theaters, ice cream shops, etc
- Downtown La Jolla
- Afternoons/evenings at the UCSD Recreation Hall, Swimming Pool, RIMAC Center
- Recreational activities such as volleyball, basketball, baseball, Frisbee, etc
- Tours of UCSD School of Medicine and other campus sites of interest

While some of the above listed activities may NOT occur, they are listed to provide you with advance information about the types of field trips/field work and weekend excursions currently being considered and/or planned for COSMOS participants. Please feel free to keep the list as a reference, but return the signed portion with the rest of your waivers.

If there are any activities (listed above or otherwise) and/or experiences that you DO NOT wish your student to participate in, please indicate this in the space provided below:

Student Name (Please Print) ___________________________ Student Signature ___________________________ Date ___________________________

I am the parent/guardian of the student listed above and I am signing the Waiver/Release on behalf of said student and authorizing participation in any and all COSMOS academic field trips/field work and weekend excursions with the exception of those I have indicated above.

Parent/Guardian Name (Please Print) ___________________________ Parent/Guardian Signature ___________________________ Date ___________________________
Visit Release Form

I acknowledge that I am voluntarily attending an educational event which may include a tour and/or hands-on activity at the J. Craig Venter Institute. I understand that the event at the J. Craig Venter Institute may be conducted in a scientific laboratory at Venter Institute facilities in Rockville, Maryland or San Diego, California. I further understand that the nature of the visit may entail my handling sensitive scientific equipment, computers, and small amounts of biological materials and chemicals. I agree to follow all directions and other instructions from the Venter Institute personnel and employees during the course of the program that I am attending at the Venter Institute. I hereby assume any and all risk and all liability for losses, damages or injuries to my person, or property, or death which I might suffer or sustain while on the premises of the Venter Institute, in whole or part, and do hereby, for myself, my heirs, executors, administrators, successors and assigns, release and forever discharge the Venter Institute, its trustees, officers, employees and agents from any and all claims of liability, damage, injury or loss relating in any way to my participation in the program and presence at the Venter Institute's facilities.

Authorization for use of Photographic Likeness: I agree to allow J. Craig Venter Institute to take and utilize photographs, slides, and/or video images of me while I am at the Venter Institute for the purpose of promotion, illustration, advertising and publicizing of the Venter Institute programs. I hereby release and discharge the Venter Institute from any and all claims and demands arising out of or in connection with the use of the photographs, slides, and/or video images of me, including without limitation any and all claims for libel or invasion of privacy.

By my signature below, I agree to the terms and conditions set out on this registration form.

Print Participant Name:__________________________________________________________

Signature (Parent or Guardian if under 18):________________________________________

Date:_________________________________________________________________________
Proposed Project Checklist for Minors
Performing Research in Laboratories
University of California, San Diego

Minor’s name: _____________________________________________________

Date of birth: _____________________________________________________

Supervisor: Dr. Robert Sah, Dr. Roberto Gaetani
Principal Investigator: Dr. Robert Sah

Time frame of research project: July 5 – August 1, 2015

☐ Check here if this minor will be participating in a research laboratory project

✓ Check here if this minor will be participating in a classroom or educational outreach program

Project summary and types of experiments to be performed (attach a symptomatology page for any biohazards): Cluster 8 – Tissue Engineering and Regenerative Medicine

Students will conduct experiments using non-human, mammalian cell lines and tissues. All work conducted in the lab is Biosafety Level 1, indicating there is minimal potential biohazard. The experiments include culturing cells and tissues, decellularizing tissue, generating a cell growth curve, seeding cells onto a biomaterial, patterning extracellular matrix proteins, characterizing extracellular matrix remodeling.

Approved exceptions to guidelines (require approval of appropriate Committee(s)):
_____________________________________________________________________
_____________________________________________________________________

Signatures (must be completed prior to beginning work):

Minor: ___________________________ Parent or Guardian: ___________________________

PI: ___________________________ Supervisor: ___________________________
(If different than PI)

EH&S Officer(s) below:

CSO: ___________________________

BSO: ___________________________

RSO: ___________________________
COSMOS Preparation Checklist

Clothes: When packing for COSMOS, remember you will need to bring clothing appropriate to the academic focus of the program. Many laboratories require long pants, long-sleeved shirts, and close-toed shoes. All clothing must be suitable for a learning environment. Clothing which exhibits ones midriff will not be permitted in class. While San Diego is generally warm during the summer, evenings in La Jolla can be much cooler, so please plan accordingly.

**WHAT TO BRING:**

**Appropriate Clothing:**
- Shirts, blouses, t-shirts
- Jeans, slacks, pants, shorts (no “mini” shorts)
- Dresses and skirts (appropriate for school)
- Comfortable walking shoes (closed-toe shoes are required for labs)
- Sandals & dress shoes (optional)
- Clothes for special occasions (dances & Closing Ceremony)
- Swimsuit (appropriate for water sports/activities)

**Personal Toiletries:**
- Toothbrush & toothpaste
- Dental floss & mouthwash
- Disposable shaving razors/foam/gel (if needed)
- Bath towels & beach towels (NOT provided)
- Bath scrubby or wash-cloth
- Soap and/or body-wash
- Facial cleanser
- Shampoo & Conditioner
- Hair brush, comb, and hair products
- Deodorant
- Sunscreen, sunglasses, lip balm, chapstick
- Medication (prescribed & store-bought)

**Additional Items:**
- Laundry soap, fabric softener, dryer sheets
- Quarters for laundry
- Hangers (NOT provided with housing!)
- Flashlight & extra batteries
- Spending money for field trips & snacks

**School Supplies:** (binder, note and lab paper provided)
- Backpack
- Pens, pencils, highlighters, etc
- Scientific calculator
- USB (2MB or more)

**Optional Items:**
- Extra pillows, blankets, comforters (1 small pillow, 2 flat sheets, and 1 blanket will be provided to each student)
- Camera & charger
- Alarm clock & desk lamp
- Postage stamps, envelopes, stationary
- Cell phone & charger or pre-paid phone card
- Fan
- Music device (e.g. iPod) & headphones
- Non-perishable snacks (e.g. popcorn, granola bars, fruit roll-ups, nuts, bottled water, etc)
- Laptop & ethernet cable

**WHAT NOT TO BRING:**

**PROHIBITED ITEMS: DO NOT bring to UCSD**

- Automobiles, motorcycles, etc
- Pets/animals of any kind
- Weapons, including knives, razor blades, etc
- Non-prescribed drugs, alcohol, tobacco products
- Matches, lighters, candles, fireworks
- Hot plates, cooking appliances, refrigerators
- Televisions

**POSSESSION OF PROHIBITED ITEMS IS GROUNDS FOR IMMEDIATE DISMISSAL FROM THE PROGRAM WITHOUT REFUND**

**DO NOT WEAR:**

- Valuable jewelry or clothing
- Cut-off or mini shorts
- Jeans with holes
- Low/revealing tops or mini-skirts
- Clothing with inappropriate language/artwork or colors associated with gangs
- High heels or platform shoes

**DO NOT BRING VALUABLES! THE UNIVERSITY WILL NOT BE RESPONSIBLE FOR LOST OR STOLEN PROPERTY**