

# CARNEGIE MELLON UNIVERSITY

## Engineering Workshop June 2019

Participant Name \_\_\_\_\_

**Introduction.** I want my minor son/daughter to participate in the Engineering Workshop (the "Program") at Carnegie Mellon University ("CMU"). Program activities may include, but are not limited to: learning how to use basic CAD (Computer-Aided Design) and CAE (Computer-Aided Engineering) software on CMU-provided computers; utilizing industrial laser cutters and 3D printers; using tools such as knives, drills, heat guns, and vacuum chambers; working with materials such as acrylic, silicone, resin, rubber, expanding foam, and industrial design clay; touring engineering labs on campus; attending classroom lectures; and, playing outside (supervised) during breaks (collectively "Program Activities").

**Medical Treatment Authorization.** If my minor son/daughter requires emergency medical treatment, in CMU's sole discretion, while participating in the Program, I authorize CMU to secure such treatment and I agree to be financially responsible for any resulting bills.

**Safety, Conduct and Liability for Property Damage.** I understand that my son/daughter is expected to conduct himself/herself in a safe and responsible manner at all times, to follow the directions of the program instructors, teaching assistants, and administrators, and to respect CMU property and the property of others. CMU reserves the right to hold parents/guardians financially responsible for property that is damaged or destroyed by participants' failure to abide by these standards and to terminate the participation of such individuals in the Program.

**Release of Liability and Promise Not to Sue.** In consideration of the opportunity for my son/daughter to participate in the Program, I hereby, on behalf of myself and my son/daughter and those acting on our behalf, irrevocably and unconditionally release, waive, and promise not to sue CMU and/or anyone acting on behalf of CMU, from and for any and all liability for injuries, damages, claims, demands, actions and causes of action, arising from or connected with my son/daughter's participation in the Program and/or Program Activities, including transportation related to the Program and the securing of or failure to secure medical treatment.

The laws of Pennsylvania shall apply to this document. If any of its provisions are declared illegal, unenforceable, or ineffective, they shall be deemed severable, and all other provisions shall remain valid and binding. I am the parent/guardian of the minor named above. I am signing this document voluntarily, having read and understood it and intending to be legally bound by it.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

**Photo/AV Permission.** I give permission for CMU (or someone acting on CMU's behalf) to take photos and/or make audiovisual recordings of my son/daughter in connection with the Program Activities and to use the resulting recordings for educational and promotional purposes in print publications and on the Internet. In addition, because the Program Activities may depend, in part, on third parties for organization and funding. I give permission for CMU to share photos and/or audiovisual recordings and other information about my son/daughter to the extent necessary to raise funds or comply with the third parties' funding or other requirements.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**CONTACT AND MEDICAL INFORMATION**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Sex: \_\_\_\_\_

Email: \_\_\_\_\_

If two parents (or guardians) have custody of participant please list both:

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other Emergency Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Who is the best person to contact in an emergency? \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Does participant have any acute or chronic medical problems? Please explain.

Does participant have any allergies?

Does participant take any medications? Please list and explain:

Does participant have any food allergies or dietary restrictions? Please explain.

Is there other information that might be helpful to know?

**End of Day Departure (4:30 pm)**

The workshop will be held in a classroom and in the IDeATe making facility, both located in Hunt Library which is most easily accessed from Frew Street on the CMU campus. At departure every day, you may park and come to the classroom to meet your child, or, with your permission, we will release your child on his/her own from the classroom.

**Please circle one option on each line below, and sign on the line next to it.**

My daughter/son is permitted to leave the classroom on her/his own at the end of each day.

YES NO (Signature required) \_\_\_\_\_

My daughter/son must wait in the classroom until s/he is picked up.

YES NO (Signature required) \_\_\_\_\_

**If your child will be picked up in the classroom, who is authorized to pick him/her up? S/he will only be permitted to leave with the people listed below unless you notify program personnel in advance that alternative arrangements have been made.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please let us know how your daughter/son will go home each day. Circle one:**

Take a bus      Walk home      Will be picked up by car      Will drive by him/herself

**RETURN SIGNED FORM TO:**

Professor Kenji Shimada  
Mechanical Engineering  
Carnegie Mellon University  
5000 Forbes Avenue  
Pittsburgh, PA 15213

**OR SIGN, SCAN, AND EMAIL FORM TO: [engineeringworkshop@cmu.edu](mailto:engineeringworkshop@cmu.edu)**