

## Agreement and Liability Waiver

Dear applicant,

Thank you for your interest in the Missouri Association for College Admission Counseling's (MOACAC) Inclusion Conference! We look forward to having you be a part of our program. However, you must submit these attached waiver forms in order for your application to be considered complete. Incomplete applications will not be considered for program participation.

Waiver forms may be directly submitted via email to [MOACACinclusion@gmail.com](mailto:MOACACinclusion@gmail.com). **We ask that you submit the [student application](#) and waivers by Friday, May 31<sup>st</sup>, 2019.**

For more information, contact Ashley Beck or Fannie Acoff at [MOACACinclusion@gmail.com](mailto:MOACACinclusion@gmail.com). We hope to have you join us!

Sincerely,

Ashley Beck and Fannie Acoff  
Co-Chairs, Inclusion, Access, and Success Committee  
Missouri Association for College Admission Counseling

## **Student Code of Conduct**

Each student who chooses to participate in the Inclusion Conference must adhere to Inclusion Conference Code of Conduct. In an effort to ensure that each student and staff member can take full advantage of the conference experience, all conference participants (students and chaperones) will:

- ✓ Wear nametag to all workshops
- ✓ Attend all workshops planned
- ✓ Remain on campus and in the designated area(s) at all times, unless otherwise instructed by Inclusion Conference staff
- ✓ Use positive and proper language and refrain from using foul and offensive language
- ✓ Conduct oneself in a respectful manner and refrain from engaging in disruptive behavior
- ✓ Respect the college campus and refrain from damaging campus property
- ✓ Respect each staff member, chaperone and student
- ✓ Refrain from using alcohol, tobacco and other drugs
- ✓ Wear appropriate conference attire
- ✓ Restrict use of cell phone to designated free time and medical emergencies
- ✓ Refrain from wearing hats and sunglasses indoors, and during sessions
- ✓ Be willing to learn new things, stay open-minded, and HAVE FUN!

I hereby agree to adhere to the policies set forth by the Inclusion Conference staff. I acknowledge that if these rules are not followed, the parent/guardian will be contacted. In the unlikely event of damage to college property by a student, the parent/guardian will incur the expense. Students who violate any of the rules may be denied the opportunity to attend and participate in future conferences or related events.

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**STUDENT NAME (PLEASE PRINT)**

**DATE**

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**STUDENT SIGNATURE**

**PARENT/GUARDIAN SIGNATURE**

## Parent Consent Form

Please complete, initial and sign on the given lines for ALL items, 1-4, below.

**1. Parent or Legal Guardian Consent**

I agree to allow my child, \_\_\_\_\_, to participate in the 2018 Inclusion Conference. \_\_\_\_\_

**2. Loss of Personally-Owned Property**

My child shall be solely responsible for any and all damages or loss by theft or otherwise of personal property whether such property belongs to the student or to others. \_\_\_\_\_

**3. Code of Conduct MOACAC and the Inclusion Conference have adopted a Student Code of Conduct in accordance with the Education Law and appropriate federal and state legislation. Conference participants are expected to comply with all federal, state and municipal laws. \_\_\_\_\_**

**4. Signature Statement**

I have read this permission form including the statements relative to Student Travel, Loss of Personally-Owned Property, and established Standards of Conduct, and I hereby grant permission for participation of my child in the 2018 Inclusion Conference. \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

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

Parent/Guardian Contact Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

## **Participation Agreement and Release of Liability**

**Please complete, initial and sign where indicated for ALL items, 1-6, below.**

In consideration of the Inclusion Conference, the Missouri Association for College Admission Counseling (MOACAC), Lincoln University and its trustees, volunteers, participants, and all other personnel acting in any capacity on their behalf (hereinafter collectively referred to as the Inclusion Conference), I hereby agree to release and discharge the Inclusion Conference on behalf of myself, my child, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I expressly agree and promise to accept and assume all risks existing in the activities of the Inclusion Conference. My participation in these activities is purely voluntary, and I elect to participate, despite any risks. \_\_\_\_\_
  
2. I further agree to hold harmless the Inclusion Conference, their office, directors, agents, instructors, and associates from all manner of third party actions or claims and agree to reimburse any claims against the Inclusion Conference and their officers, directors, agents, employees, instructors, and associates arising by reason of my participation this program. \_\_\_\_\_
  
3. Should the Inclusion Conference or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. \_\_\_\_\_
  
4. 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 cost of such injury myself. I further certify that I have no medical or physical conditions that could interfere with my safety in the activities of the Inclusion Conference or its program, or else I am willing to assume and bear the cost of all risks that may be created, directly or indirectly, by such a condition. \_\_\_\_\_
  
5. By signing this document, I acknowledge that if anyone is hurt or if property is damaged during my participation in the activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the Inclusion Conference on the basis of any claim from which I have released them herein. \_\_\_\_\_
  
6. I hereby grant the Inclusion Conference permission to use, reproduce, or distribute any photographs, digital images, films, videotapes, and/or sound recordings of me during my participation in the Inclusion Conference for use in materials that may be created.

Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

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

Date: \_\_\_\_\_

## Student Medical Emergency Authorization Form

The following information must be received before a student can be admitted to the Inclusion Conference. The Inclusion Conference and the hosting college do not provide health and accident insurance for Inclusion Conference participants. It is recommended that parents check their current insurance policies. Any medication that is required must be in its original container and must be accompanied by a note from the doctor indicating the need for it and the dosage of the prescription for our files. The label alone is not adequate.

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STUDENT NAME	AGE
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BIRTH DATE	PARENT/GUARDIAN NAME
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PRIMARY PHONE NUMBER	ALTERNATE PHONE NUMBER
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HOME ADDRESS	CITY
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STATE	ZIP CODE
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HEALTH INSURANCE COMPANY NAME	GROUP/POLICY NUMBER
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If parent/guardian cannot be reached, list two emergency contacts:

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NAME	RELATIONSHIP TO STUDENT
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TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER
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NAME	RELATIONSHIP TO STUDENT
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TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER
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# Student Medical Information

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PRIMARY CARE PHYSICIAN

PRIMARY CARE PHYSICIAN OFFICE NUMBER

1. Please check one of the following:

\_\_\_\_\_ My child is NOT currently taking any medications

\_\_\_\_\_ My child is currently taking the following medication(s):

(Doctor's confirmation of prescription MUST be included for prescription medication the student will be taking during the Inclusion Conference.)

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NAME OF MEDICATION

DOSAGE (i.e. 2 times/day)

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REFRIGERATION NEEDED?

2. Please check off any of the following about the medical history of your child that will help us be prepared for his individual needs.

If your child does not have any known medical conditions, please initial here: \_\_\_\_\_

My child has a history of the following conditions and will bring the appropriate medication to the Inclusion Conference:

\_\_\_\_\_ Asthma

\_\_\_\_\_ Allergies (including food, insects, medication, animals, etc.) Please list or add an additional sheet, if necessary:

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\_\_\_\_\_ Other medical conditions (such as diabetes, heart conditions, epilepsy, migraines). Please list or add an additional sheet, if necessary:

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3. Please check off any of the following about any special accommodations needed for your child that will help us be prepared for his individual needs.

\_\_\_\_\_ There are special needs (medical, physical or mental challenges) officials should be aware of in making this program safe and accessible for my child.

\_\_\_\_\_ My child has special dietary needs/restrictions.

\_\_\_\_\_ My child has other restrictions or needs, not described above that need accommodation

If necessary, I do approve of officials taking my child, \_\_\_\_\_, to the nearest doctor or hospital. I agree that any injuries incurred will be covered under my own insurance coverage. I understand that in the event of an emergency, all efforts to contact me or my emergency contact numbers will be attempted by the Inclusion Conference staff. I further understand that if I cannot be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered.

In order to meet legal requirements, I hereby authorize representatives of the Inclusion Conference to give consent for any and all necessary emergency medical/dental care for my child, named above, while he/she is participating in the conference.

Both student and parent (guardian) must sign this form.

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STUDENT SIGNATURE

DATE

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PARENT/GUARDIAN SIGNATURE

DATE