



# UNIVERSITY *of* NEW HAMPSHIRE

Project SMART  
Rudman Hall  
Durham, NH  
03824  
Ph: 603-862-3840; 603-862-3205  
FAX: 603-862-4013  
Web: [www.smart.unh.edu](http://www.smart.unh.edu)

Dear Student/Parent/Guardian:

It is indeed our pleasure to know that you/your son/daughter will be able to attend the Project SMART Summer Institute, 2016 at the University of New Hampshire. Enclosed, please find some information about the Project SMART Summer Institute, in which your son/daughter is participating from June 26 – July 22, 2016. Please read the information carefully, fill out the attached forms and return them to us by June 1, 2016. These forms, duly signed, must be on file before the student can be registered for the Summer Institute.

We would like to emphasize that we need all of your cooperation, in stressing the importance of discipline and responsibility to your son/daughter during his/her stay at the University of New Hampshire. We would like to ensure that this program is a lively and memorable learning experience for everyone. If you need any further information, please get in touch with us. You can download the forms from the web as well ([www.smart.unh.edu](http://www.smart.unh.edu)). Disregard the fact that the web may still have last year's forms; there's no change in the information needed

Please note that Residential Life staff will be on hand at the time of check-in and checkout. The parents must sign out the students on Fridays if they are not staying on campus, unless prior written information has been provided to the staff regarding ride-share.

If you are traveling by air, please let us know your itinerary. Keep in mind that the program begins at 9:00 AM on June 26 (so plan to arrive on June 25) and ends around 2:00 PM on July 22 (so don't plan a flight before 6:00 PM). The parents are invited to attend the opening day (9:00 AM to 3:00 PM) and the closing day (9:00 AM to 2:00 PM) activities; more details will be forthcoming soon.

Dr. Subhash C. Minocha  
Director, Project SMART

**Forms to be returned:**

1. Health Policy and Procedures (informational and return by June 1)
2. Student Guidelines and Commitment (informational and return by June 1)
3. Release of Liability (due June 1)
4. Medical Record (due June 1)

**Please return the forms to:** Project SMART  
Rudman Hall, 46 College Rd  
University of New Hampshire  
Durham, NH 03824 USA

**UNH SUMMER YOUTH PROGRAM**  
**Assumption of Risk, Release, and Indemnity Agreement**

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I agree for my child, in consideration for my child's participation in **Project SMART** (*henceforth referred to as the program*) to the following:

**Assumption of the Risk:** I understand that the activities in which my child \_\_\_\_\_ (Print Name) will engage in while participating in the program indicated above involve inherent and other risks.

Injury, illness or death from accidents of any nature whatsoever, including but not limited to, bodily injury of any nature, whether severe or not, which may occur as a result of participating in an activity or contact with physical surroundings or other persons; arising from travel by car, bus or any other means.

I acknowledge that aspects of the program may be strenuous and dangerous and require a certain degree of physical condition, ability, maturity, and skill. I acknowledge that I am solely responsible for determining my child's suitability to participate in the program. My child has the requisite skills, qualifications, physical and mental ability, and training necessary to properly and safely participate in the program. My child shares responsibility for his/her safety and will follow instructions, make reasonable decisions, and act responsibly. UNH and the program cannot ensure my child's safety and does not seek to eliminate all of the risks of the activities. I choose to allow my child to participate and observe the activities despite all risks. **I assume all inherent and other risks and accept responsibility for any property damage and loss, and for any personal injury, illness, disability, emotional distress, and death that my child may suffer, whether described above or not.**

**I expressly agree and promise to accept and assume all of the risks existing in this activity. My child's participation in the program is purely voluntary, and I elect to have my child participate in spite of the risks.**

**Waiver and Release:** I hereby release the University System of New Hampshire, the University of New Hampshire, the program, its successors or assigns, trustees, officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations from all claims including, but not limited to, claims for money or property, disability, covenants, actions, suits, causes or action, obligations, debts, costs, expenses, attorneys' fees, judgments, orders and liabilities of whatsoever kind or nature in law, equity or otherwise, whether now known or unknown, suspected or unsuspected, and whether concealed or hidden, including but not limited to any state or federal statutory or common law claim or remedy of any kind whatsoever arising out of or in any way connected with my child's participation in the program and/or any Harm to my child and for any Harm caused by my child to others, even if the Harm resulted, directly or indirectly, from the negligence of the University System of New Hampshire, the University of New Hampshire, the program, or University activity. I agree to expressly assume all risks to my child, including risks resulting from the negligence of the University System of New Hampshire, the University of New Hampshire, and the program.

**Hold Harmless and Indemnification:**

I hereby agree to indemnify, release and hold harmless, release the University System of New Hampshire, the University of New Hampshire, the program, its successors or assigns, trustees, officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations from all claims,

losses and liabilities, costs, including reasonable attorney's fees, related in any way to or arising out of my child's participation in this program.

**Severability and Choice of Law:**

If any portion of this Agreement is found to be invalid, the offending portion shall be stricken, and the remainder shall remain in full force and effect. I hereby agree that jurisdiction for any action pertaining to this liability release shall lie exclusively in Strafford County, State of New Hampshire and shall be governed exclusively by the laws of the State of New Hampshire without reference to conflict of law provisions.

I have read this Agreement, I understand its contents and I sign it voluntarily. I understand that this Agreement will be binding on me, my family members, my heirs, assigns, executors, representatives, and estate.

**Parent or Legal Guardian (if participant is under 18 years of age)**

I hereby warrant that I have legal authority to act on my child's behalf. I agree to the above terms and conditions for myself and on behalf of my child.

\_\_\_\_\_  
Parent/Guardian Signature *or*  
Participant Signature (if age 18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Printed Name of Participant

**PROJECT SMART**  
**STUDENT GUIDELINES AND COMMITMENT**

(Please sign and return one copy – keep a copy for yourself)

Project SMART (P.S.) seeks to establish a positive, caring environment in which students strive for success and growth. This requires that each person acknowledge and respect the needs and rights of others in the P.S. community. With this in mind, guidelines have been established to provide the norms of expected behavior within the program. All students are required to conduct themselves in compliance with these standards and to indicate their commitment by reviewing and then signing these Guidelines.

1.
  - a) Students are not to possess or be under the influence of alcohol, marijuana, or other non-medical drugs at any time
  - b) Students are not to engage in sexual activity
  - c) Students must not steal
  - d) Students must not possess fireworks, firearms, knives or weapons of any kind
2. Students are expected to behave at all times in a manner that reflects respect and consideration for each other, for the staff, for the program, for the University, its property and personnel, and for themselves.
3. Students are expected to participate fully in all scheduled program activities. Students are expected to put forth their best effort in class and in completing required assignments.
4. We ask that students keep their residence hall room doors unlocked during free time to ensure that all policies are being followed and for student safety. Doors may be locked at curfew when students are sleeping. All residence halls are locked at all times for safety precautions.
5. Students are to remain on campus during the program period unless special arrangements are made in advance with the administrative staff to temporarily leave campus.
6. Students may ride only in vehicles with P.S. staff during the program. Students may ride with parents or guardians during visiting times or for travel between home and UNH. Hitchhiking is prohibited. Sitting in parked cars with non-program individuals is prohibited.
7. Students outside the dorm area (e.g. library in evenings, evening seminars, etc.) during evening personal time are to be accompanied by at least one other student or staff person.
8. Visitors and friends are allowed only in the lounges while in the dorm during normal hours. Family members may visit a student's room ***when accompanied from the downstairs lounge by that student.***
9. Students will follow all guidelines of UNH Housing and Residential Life staff, which will be reviewed upon your arrival.

Continued...

10. Students are expected to maintain a positive attitude about their involvement in P.S. and are responsible for sustaining a positive learning environment for themselves and others.
11. While participating in field trips, special activities, and expeditions throughout P.S., students will behave in such a way as to bring credit to the P.S. community, UNH, and to their schools/towns.
12. Students may use the campus libraries and other facilities, and are responsible for any fees due to loss or damage to materials and facilities.

### **Consequences for Violations of Guidelines**

Persons who violate 1a, 1b, 1c or 1d will be considered for dismissal from the program after the first offense without exception. Violation of other guidelines will result in a wide range of consequences up to and including suspension, dismissal, or police action. The boarding/lodging fees will not be refunded in case of suspension or dismissal.

**Student:** I have read the above guidelines and policies. I understand and agree to comply with the terms and conditions of the Guidelines governing my participation in UNH Project SMART.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student's Signature)

**Parent/Guardian:** I give my permission for my son/daughter to participate in all activities of the University of New Hampshire's Project SMART Summer Institute. I also understand the terms of the Guidelines governing my son's/daughter's participation in the Project SMART program, and am aware of the consequences for violation of the terms of the Guidelines.

Printed Name of Student \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work/Cell Phone # \_\_\_\_\_

**PROJECT SMART**  
**EMERGENCY CONTACTS, HEALTH INFORMATION AND AUTHORIZATION FOR MEDICAL TREATMENT**

Name of Youth: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone(s): \_\_\_\_\_

**EMERGENCY CONTACTS**

We designate the following individuals as contacts, in the event of an emergency, regarding the above named youth:

- |          |           |        |
|----------|-----------|--------|
| 1. Name: | Relation: | Phone: |
| 2. Name: | Relation: | Phone: |

**HEALTH INSURANCE INFORMATION**

Name of Subscriber: \_\_\_\_\_  
Name of Insurance Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Group #: \_\_\_\_\_

**CURRENT HEALTH CARE PROVIDER (i.e. MD/NP, other):**

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*Name*

*Phone*

**HEALTH HISTORY** *(Please attach a separate sheet, if necessary):*

List any current health problems: \_\_\_\_\_

List any significant past health problems with dates: \_\_\_\_\_

List any allergies, including drug allergies/sensitivities: \_\_\_\_\_

List any current medications: \_\_\_\_\_

Does your child require assistance in administering medication? \_\_\_\_ Yes \_\_\_\_ No

*If yes, please explain.*

Are there any limitations or restrictions we should be aware of that may impact your child's ability to fully participate in this program? \_\_\_\_ Yes \_\_\_\_ No *(If yes, please explain).*

Does your child require the use of:

- Epinephrine Auto-Injector (Epi-pen)      \_\_\_\_\_ Yes      \_\_\_\_\_ No
- Asthma Inhaler      \_\_\_\_\_ Yes      \_\_\_\_\_ No

*(Per NH State Law, additional information is necessary in order to permit your child to possess and use an Epi-Pen or inhaler (NH RSA 485-A:25-b) while attending the summer program. Cathy Leach, Summer Youth Programs, will follow up with you regarding this requirement. Feel free to email or call Cathy at: [cathy.leach@unh.edu](mailto:cathy.leach@unh.edu); 603-862-3266).*

Please list updated immunization dates below:

Immunization	Date
DTAP/Tdap/Td (tetanus & diphtheria)	
Polio	
MMR (measles, mumps, rubella)	
Hep B (Hepatitis B)	

**CONSENT AND AUTHORIZATION FOR MEDICAL TREATMENT**

I am the legal parent/guardian of the youth named above. In the event we cannot be reached to obtain permission, I hereby authorize The University of New Hampshire, Project SMART and/or its authorized employee representative to act for me in an emergency or other circumstance requiring any medical treatment or attention on behalf of said minor child without any further permission from the undersigned. This consent and authorization shall include, but not be limited to, obtaining necessary hospital, medical, surgical, dental, optical, pharmaceutical, and any related care for said minor child and to sign any authorization therefore including admissions and/or discharges from any hospital or other care facility. I also agree to assume financial responsibility for all costs associated with medical treatment and/or transportation.

I further authorize The University of New Hampshire, Project SMART and/or its authorized employee representative to execute any and all other documents regarding the medical treatment of said minor child.

I understand that my provision of this health information is voluntary, that UNH will take reasonable steps to treat this information with appropriate confidentiality, and camp staff will use it solely as needed to provide emergency assistance or appropriate accommodation for my child.

**A photocopy of this consent shall be considered as effective and valid as the original.**

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

\_\_\_\_\_  
Date

**PROJECT SMART**

**HEALTH POLICY AND PROCEDURES**  
**Please return a signed copy by June 1, 2016**

While it is anticipated that students may occasionally get sick during the program, it is expected that they make every effort to fully participate in everyday activities. Students are, therefore, strongly urged to take good care of themselves and their health by following two very important habits: 1) Eat well-balanced meals each day; 2) Get adequate sleep.

Students who are consistently sick and miss classes and other SMART activities are simply unable to benefit from the program. Additionally, the SMART staff is not trained to meet the needs of students with chronic and recurring illness and injuries. Here are some things to do in case you need help:

**A. Illness:**

1. If you feel ill, you should report immediately to a teaching assistant, faculty member, or a residential staff member. An assessment will be made as to an appropriate response based upon the severity of the illness. Students may be directed to visit UNH Health Services or arrangements may be made, for mild symptoms, for that student to return to the Residence Hall if there is available supervision.

**B. Accident/Injury:**

1. A student who suffers an accident or injury should immediately inform the teaching assistant, faculty, or residential staff member.
2. Students who require medical attention will be taken to UNH Health Services during its open hours. When Health Services is closed, EMT's made be called, depending on the severity of the injury. Costs related to this service are the responsibility of the family.
3. Students are expected to follow doctor's orders in caring for their injury.

**C. Medications:** Students taking prescribed medication MUST indicate the type and purpose of the medication on the health history form or inform the residential staff if medication is prescribed while the program is underway.

I have read the above guidelines and agree to abide by them:

Printed name of student \_\_\_\_\_

Signature of student \_\_\_\_\_

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

Signature of Parent \_\_\_\_\_

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

UNH SUMMER YOUTH PROGRAMS  
PHOTO/LIKENESS RELEASE AND PERMISSION TO USE CREATIVE WORKS

**PHOTO/LIKENESS RELEASE**

I hereby grant the University of New Hampshire and Project SMART, their successors and assigns (collectively referred to as "UNH"), irrevocable permission to record and use my child's name and image, visual likeness, portrait, photograph, and voice (collectively referred to as "likeness") in all forms and media, including but not limited to publications, catalogs, brochures, websites, magazines, exhibitions, videos, digital media, social media such as Facebook, Twitter and Instagram, or any other media, for the purpose of education, marketing, advertising, communication, public relations, publicity, training or any other lawful purpose. I hereby waive any right to payment, compensation or royalties arising out of or related to the use of my child's likeness by UNH.

**PERMISSION TO USE CREATIVE WORKS**

I understand that in the course of my child's participation in the program, my child may create writings, objects, art, text, photographs, music, voice, performances, projects and other scientific, academic, artistic or other creative work (collectively referred to as "Creative Works").

I hereby grant to the University of New Hampshire and this program its successors and assigns (collectively referred to as UNH) irrevocable permission to use, re-use, copy, reproduce, distribute, publicly perform, modify and/or display (collectively referred to as "use") in whole or in part my child's Creative Works in any format including electronic and print media. Permitted use includes, but is not limited to, use of Creative Works perpetually and in any manner, and made available to the public, including, without limitation, incorporating Creative Works into publications, catalogs, brochures, websites, magazines, exhibitions, digital media, social media, such as Facebook, Twitter and Instagram, or any other media, for the purpose of education, marketing, advertising, communication, public relations, publicity, training or any other lawful purpose.

The permission hereby granted is non-exclusive, irrevocable and royalty free and does not preclude other uses of the Creative Works by my child. I understand that my child retain all other copyrights in the Creative Works. Any right to payment, compensation or royalties arising out of or related to UNH's use of my child's Creative Works is waived.

**RELEASE**

I hereby release UNH, its trustees, officers, directors, agents and employees from any and all liability or legal responsibility that may arise from the acts that I have authorized or consented to herein.

I have read and understand this Photo/Likeness Release and Permission to Use Creative Works and hereby agree to its terms.

\_\_\_\_\_  
Signature of Participant or Parent/Legal  
Guardian if Participant is under 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name of Youth Participant