

DUKE UNIVERSITY

Latino Student Recruitment Weekend 2015

Thursday, April 9 – Sunday, April 12

This form must be returned before you arrive on campus.

You may scan and email the completed form to Angie Reid at angie.reid@duke.edu
or fax to (919) 681-8941, attn: Angie Reid

We need to have it on record prior to Monday, April 6
in order for you to participate in the program.

Please read the following information carefully and sign your name on the line provided to indicate your understanding and acceptance of the contents. Please ask your parent/guardian to complete the second two pages of the form. If you or your parent/guardian has any questions about any of the following statements, please feel free to contact Ashley Taylor in the Duke Undergraduate Admissions Office.

Participant Responsibility Acknowledgement

I, _____ (please give student's full name) am aware that participants in on-campus visitation programs are required to abide by the rules of conduct which govern the behavior of students regularly enrolled at Duke University. I acknowledge that both Duke University policy and North Carolina law prohibit the consumption of alcohol by persons under 21 years of age and prohibit the use of illegal drugs. I agree to abide by these rules during the Latino Student Recruitment Weekend on April 9-12, 2015, and agree not to seek damages from Duke University due to injury that results from consumption of alcohol or drugs, or any other illegal activity.

I understand that during my participation in this program I am responsible for my own behavior and the consequences of my behavior, and that I will not be supervised by personnel of the Office of Undergraduate Admissions or Duke University during my free time on campus. I also understand that the Duke University Undergraduate Admissions Office reserves the right to revoke my offer of admission due to unsatisfactory or inappropriate behavior during the Latino Student Recruitment Weekend.

Signature of Participant *Date*

Signature of Parent/Guardian if Participant is under 18 years of age

Please complete the next 2 pages of this document.

Liability Release and Indemnification

This release will confirm that _____ (please give full name), age _____, has our permission to be a member of the Latino Student Recruitment Weekend on April 9-12, 2015.

This release includes events held on and off the Duke campus. In consideration of Duke University accepting him/her as a member of this program, I agree not to seek damages from Duke or any of its trustees, officers, faculty members, employees, or agents, for or on account of any personal injury, loss of health, loss of property, or other damage sustained to him/her directly or indirectly, resulting from his/her participation in this program; and I agree to and do release Duke University from, and hold it harmless against, any and all liabilities or expenses incurred in respect of any claim, suit, or cause of action on account of any such injury, loss or damage.

This release and agreement shall be binding upon me and my heirs, executors, administrators, and successors, and I intend it to take effect as a sealed instrument and to be governed by the law of the State of North Carolina.

Executed as a sealed instrument this _____ day of _____, 2015.

Signature of Parent/Guardian

Please complete the next page of this document.

Student's Full Name

Should emergency treatment be necessary for your child, we need your permission to authorize such treatment in the event that you cannot be reached. Please sign below to permit Duke University to authorize emergency medical treatment for your child.

Signature of Parent/Guardian

Please list all allergies and dietary restrictions to which your child is subject (i.e. bee stings, milk allergies, etc.).

Please list any medical conditions which your child may have and any medications which are now being taken. Also, please indicate any medications which your child should not take.

Parent(s) Information
(to be used only in case of an emergency)

Mother's Name _____	Father's Name _____
Mother's Work No. (_____) _____	Father's Work No. (_____) _____
Home Phone No. (_____) _____	Cell Phone No. (_____) _____
Mother's Email _____	Father's Email _____