

## **STARS Release of Liability Packet Instructions**

1. **STARS Application** (Required for all applicants)
2. **Minor Release Form** (Only required to be signed by parent/guardian if you are under 18 years of age)
  - a. All applicants **MUST** provide us the “Emergency Information” on the Minor Release document in case of an emergency.
  - b. If you are 18 years or older you are not required to provide us the “Medical Release” information but we encourage it as you are a participant in the program for 4 days.
3. **Student Participant Contract**- Must be signed by all students
4. **UC Waiver of Liability**- Must be signed by all participants and/or parent/guardian if needed.
5. **Include a copy of your High School Transcript** (Does NOT NEED to be Official)

**ALL DOCUMENTS MUST BE RECEIVED BY April 28<sup>TH</sup>**

We encourage students submit online their application packet at

[uctip.ucmerced.edu/stars-application](http://uctip.ucmerced.edu/stars-application)

Or you can fax it into our office at 209-228-4665.

Questions? Contact Pa Vang at [pvang48@ucmerced.edu](mailto:pvang48@ucmerced.edu) or 559-313-7458.

# UC Merced STARS Program 2017

You can submit this document online or complete this document and fax it to 209-228-4665 or email it to [pvang48@ucmerced.edu](mailto:pvang48@ucmerced.edu).

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## Full Name

First Name

Middle Name

Last Name

Preferred Name on Name  
Tag

Preferred Gender  
Pronoun

Date of Birth

He/Him

Her/She

## Mailing Address

Street Address

City

State

Zip Code

Country

E-mail

Phone Number

Can we text you at this number?

Yes

No

## Current School Information

School Name

School ID Number

Intended Major?

Grade  
Level

Intended Community College Name

Please provide Community College ID if you have one.

Are you a part of any of the following programs? (select all that applies to you)

Cal-SOAP

Upward Bound

AVID

DSPS

EAOP

EOPS

MESA

Puente

Veteran

Transfer Center

TRIO

Foster Youth

Other

**Are there any special accommodations you require?**

Include dietary needs, ADA accommodations, and required medication:

Ethnicity (please check one)	Do you receive free/reduced lunch?	How many people live in your house?
African American/ Black	Yes	
American Indian/ Native American	No	
Chinese/ Chinese American		
East Indian/ Pakistani		
Filipino/ Filipino American		
Japanese/ Japanese American		
Korean/ Korean American		
Mexican/ Mexican American		
Pacific Islander		
Vietnamese/ Vietnamese American		
White/ Caucasian		
Other Asian (not including Middle Eastern)		
Other Spanish American/Latino		
Other		
Decline to State		

**Parent Education #1**

- Did not graduate from High School
- Graduated from High School
- Some College but not BA/BS degree
- Graduated College or higher degree

**Gender of Parent #1**

- Male
- Female

**Parent Education #2**

- Did not graduate from High School
- Graduated from High School
- Some college but not BA/BS degree
- Graduated from college or higher degree

**Gender of Parent #2**

- Male
- Female

Language Spoken at Home

English only  
Spanish only  
Asian Language Group only  
Other non-English Language only  
English and Spanish  
English and Asian language group  
Other bilingual

English Proficiency

English Learner  
Fluent- English Proficient

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**Application Due Date: April 28, 2017 @ 5PM**

All documents must be faxed or emailed in at the same time.  
(Application, UC Waiver, and Transcripts)

Fax applications to 209-228-4665 or email Pa Vang at [pvang48@ucmerced.edu](mailto:pvang48@ucmerced.edu)

Applications may be submitted online at [uctip.ucmerced.edu/stars-application](http://uctip.ucmerced.edu/stars-application)

For questions or more information please call 559-313-7458 or email [pvang48@ucmerced.edu](mailto:pvang48@ucmerced.edu)

## Minor Release Form

I hereby grant permission for my student, \_\_\_\_\_, to participate in the UC Merced STARS Program and I acknowledge that at the present time, my student is in good physical health.

1. The following expenses will be covered by the STARS Program:

- a. Food
- b. School Supplies
- c. Course materials
- d. Transportation for field trips

2. I understand that my student will have adult supervision during the program, and I will encourage my student to cooperate with the summer program staff and to follow university rules and regulations; otherwise my student may be subject to dismissal from the program if he/she does not abide by these rules. If my student is dismissed from the program, I will be responsible for his/her transportation home.

3. If my student requests to leave the summer program for any non-emergency matter, I will be responsible for his/her transportation home. If I cannot provide transportation, my student must remain cooperatively in the program until such transportation can be arranged.

4. I agree that any photographs or videos taken by any UC Merced personnel of my student and or myself as a program participant shall be the property of UC Merced, and may be used by UC Merced, as its discretion, for any publicity, marketing and/or advertising purpose, and I hereby consent to and authorize such use without restriction.

### **EMERGENCY INFORMATION**

*Please provide us with the following information in case of an emergency.*

#### **Primary Contact**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Emergency Day Phone: \_( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Night Phone: \_( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Address City Zip Code

#### **Secondary Contact**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Emergency Day Phone: \_( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Night Phone: \_( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Address City Zip Code

**Student's Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Student's Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**MEDICAL RELEASE**

**Informed Consent for Emergency Treatment:** In the case of an emergency and if I cannot be reached, I authorize the staff of UC Merced to obtain whatever medical treatment he/she deems necessary for the welfare of my student. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees

**HEALTH INSURANCE CARRIER:** \_\_\_\_\_

**INSURED NAME:** \_\_\_\_\_

**GROUP OR POLICY #:** \_\_\_\_\_

Please advise us of any disability accommodations your student will need to assist us in providing the best experience for your student.

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please identify your student's allergies including allergies to food, medications, and drug reactions:

\_\_\_\_\_  
Signature of Parent/Guardian  
Or Signature of Student over 18+

\_\_\_\_\_  
Printed Name of Parent/Guardian  
Or Printed Name of Student over 18+

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

( ) \_\_\_\_\_  
Home Phone

( ) \_\_\_\_\_  
Work/Cell

# STUDENT PARTICIPANT CONTRACT

STUDENT'S NAME: \_\_\_\_\_

## 1. Completion of Agreement Form

-Participant agrees to complete this Agreement Form and return it to UC Merced's Transfer Initiative Program no later than April 28th by 5:00PM. Students are encouraged to upload this form in their online application. Students may also return this form to their high school counselor to be faxed to 209-228-4665.

## 2. Transportation

- Participants are REQUIRED to provide their own transportation to and from UC Merced for the STARS Program, unless prior arrangement has been made with the UC Merced Transfer Initiative Program.

- STARS begins June 22<sup>nd</sup> at UC Merced @ 9AM
- STARS ends June 25<sup>th</sup> at UC Merced @ 5PM
  - **Please note:** STARS is a residential program. Students are required to resident at UC Merced during the duration of the program.

## 3. Agreement to be on time

-Participants agree to arrive on time to all STARS program activities. Times and locations will be communicated and distributed to all participants prior to the start of the STARS program.

## 4. Obtaining Permission to Leave

-Due to the large number of participants in each program, it is essential we know where each participant is at all times; this is for the health, safety, and well being of all participants. In order for this to be accomplished, Participants must make prior arrangement with the UC Transfer Initiative Program staff to leave any class, activity, workshop etc.

## 5. Unauthorized Participants, Visitors, and/or Guests

-Participants are not permitted to invite unauthorized participants, visitors and/or guests to the program.

## 6. Participant Conduct

-Participant agrees to follow the instructions and/or directions of the STARS staff and other UC staff, including stated program policies.

-Participant agrees to conduct themselves in a respectful manner at all times. It is also expected that the Participant conduct themselves with the utmost respect, tolerance, understanding and kindness towards all STARS Staff and other Participants. Any Participant who engages in behavior defined as misconduct will be asked to leave the program.

-Participant is expected to notify the STARS staff if they experience any problems, conflicts or difficulties with other STARS Participants or with anyone else. In addition, Participant is expected to notify the STARS staff if they witness any type of misconduct by another Participant.

-Participant agrees not to possess or consume alcoholic beverages or illegal substances for the duration of the program (even if age 21 or over).



# STUDENT PARTICIPANT CONTRACT

-Participant agrees not to smoke in the residential halls or any of the UC Merced buildings. All UC Merced buildings and residential halls are designated as non-smoking areas. Participants will not be allowed to leave activities, workshops, classes etc. periodically to smoke.

## 7. Participation Agreement

-Participant will agree to fully partake in all activities, classes, workshops etc; this includes adding to discussions, asking questions, and intently listening to all speakers.

-Participants are expected to be well rested and ready to fully engage in all activities each morning. Sleeping is not allowed in any of the classes.

- Participants agree to read all materials given to them in class.

## 8. Personal Possessions

-Participant agrees to be responsible for any personal items brought to the program and to respect the personal possessions of all other Participants.

## 9. Update Information

-Participant agrees to update us on their contact information such as a change of mailing address, e-mail address, and/or phone number in any of this information changes during their progress to a four-year institution.

I \_\_\_\_\_ hereby agree to comply with all the above  
(Participant Name)

**statements and understand the consequences if I choose not to comply.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Printed Name of Parent/Guardian (If under 18 years of age)

\_\_\_\_\_  
Date

Participant's name: \_\_\_\_\_  
Please Print

UNIVERSITY OF CALIFORNIA,

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In consideration of being permitted to participate in any way in

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 the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor      Date      Signature of Participant      Date

**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 paragraphs 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 that 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, suits, 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 and 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.

**Acknowledgment 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 all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor      Date      Signature of Participant      Date