You GO Girl! Summer Day Program
Edgerton Center - Massachusetts Institute of Technology

Thanks for your interest in the You GO Girl! Summer Day program, running from August 5 – 8, 2019 (no activities on Friday). In addition to a schedule of each day’s activities, this application contains the following materials:

1. Program application form
2. Permission forms (2 pages)
3. Waiver

There is a voluntary $50 materials donation (which can be made out to MIT / Edgerton Center) and brought with your child on the first day.

The application is not complete until ALL PARTS have been received by the You GO Girl! office. All accepted applicants will be informed via e-mail and/or letter. Please turn in all materials (application, permission forms, waiver) via e-mail or to the address below:

Amy Fitzgerald
MIT Edgerton Center, Room 4-405
77 Massachusetts Avenue
Cambridge, MA 02139

Should you have any questions about the activities, the staff, or about any other portion of the program, please contact me: Amy Fitzgerald, You GO Girl! Coordinator, amyfitz@mit.edu

You GO Girl! 2019 Daily Schedule
* Subject to last-minute content changes.

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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</thead>
<tbody>
<tr>
<td>8:30 - 9:00</td>
<td>Opening Circle</td>
<td>Opening Circle</td>
<td>Opening Circle</td>
<td>Opening Circle</td>
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<tr>
<td>11:45 - 12:20</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
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<tr>
<td>2:15 - 2:30</td>
<td>Final Circle Evaluations</td>
<td>Final Circle Evaluations</td>
<td>Final Circle Evaluations</td>
<td>Final Circle Evaluations</td>
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Friday – NO Activities

MIT Edgerton Center Summer Program Application, You GO Girl: Page 1 of 6
YOU GO, GIRL! SUMMER PROGRAM
APPLICATION FORM

Student Information
Name: __________________________________________________________

Preferred Name (what we should have on nametag): __________________________

Address: ___________________ City: _______________ State: _____ Zip: ________

Student Email Address: ________________________________________________ (Please Print Clearly)

Date of Birth: _______________ Gender: _____ Grade you will enter in the fall: _____

School: __________________________ T-Shirt size: Adult XS / S / M / L / XL / XXL

Will you be able to attend each day of the program? Y / N (If no, please explain)
____________________________________________________________________________________

Optional: Any Relatives/Friends at MIT? __________________________

Any friends applying with whom you’d like to be in a group? _________________________

Please describe why we should accept you into this program: __________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Medical Information
Child’s Physician Name: __________________________ Phone: __________________

Please list any chronic or current medical/health issues of which we should be aware:
____________________________________________________________________________________

Allergies and Dietary restrictions (If none, write "none"): __________________________

Medications your child will take during the Program: __________________________

Photography demonstrations will include flashing strobe lights, which may cause seizures in
certain individuals. Does your child have any known problems with strobe lights? Yes □ No □

Emergency Contact Information
1st contact:
Name: ________________________ Day/Cell phone: __________________

Email Address: ________________________________________________ (Please Print Clearly)

2nd contact:
Name: ________________________ Day/Cell phone: __________________

Email Address: ________________________________________________ (Please Print Clearly)
Parental Permission and Medical Consent Form

I grant permission for my daughter, ____________________, to participate in You GO Girl! during the dates of Aug 5-8, 2019.

I understand that my child is expected to be on her best behavior while attending this program. All participants are expected to treat members of staff and fellow students with respect and courtesy. I understand that if my child’s behavior disrupts the program or is deemed inappropriate by staff, my child may be asked to leave the program.

I understand that I am expected to drop off and pick up my child at the designated times, and communicate alternate travel plans. MIT staff will not be responsible for students beyond program hours.

I understand that there are risks for a minor to attend a program on a college campus, which is otherwise an adult environment. Students will walk around campus and may witness media or demonstrations that are directed at an adult audience. Students may work with dangerous tools such as power tools, utility knives, hot glue guns, and electricity. MIT is located next to the Charles River.

In case of an injury to my child while participating in the Program, I grant permission for my child to receive medical attention deemed necessary, by qualified medical personnel, during the entire time that he or she is participating in the Program.

I understand that MIT will attempt to notify me in the event of an accident or injury, which may require emergency care. If I cannot be contacted, permission is hereby granted to MIT Program staff to seek medical attention for my child.

__________________________________________ ______________________ (Date)
Signature of Parent or Guardian

Print name: __________________________ Day/Cell Phone: __________________

Student Pledge

- I understand that I am expected to be on my best behavior while attending this program.
- I am expected to treat members of staff and fellow students with respect and courtesy.
- I understand that if my behavior disrupts the program or is deemed inappropriate by staff, I may be asked to leave the program.

Student Signature ___________________________ Print Student Name ___________________________ Date ___________________________
Image and Media Consent and Release

In consideration of the opportunity for my child, ____________________________, to participate in the Edgerton Center You GO Girl program at MIT (the “Program”), I, the undersigned, give my permission for and grant MIT the irrevocable right to:

1. Interview my child and/or record his/her participation in the Program and appearance on video tape, audio tape, film, photograph or any other media, whether now known or hereafter existing (the “Recordings”).
2. Use her/his name, likeness, and/or voice in connection with the Recordings and in keeping with the respective policies and mission statements of the Authorized Organizations.
3. Use, reproduce, distribute, publicly display and/or publicly perform, either electronically or by any other media whether now known or hereafter existing, and to allow others to do the same, my child’s name, likeness or voice, the Recordings, in whole or in part worldwide, without restrictions or limitations, in perpetuity, for any purpose, including without limitation, promotional, educational or commercial use.

I agree to make no accounting, monetary or other claim against the Authorized Parties for use of my child’s name, likeness or voice, or the Recordings and release and forever discharge the Authorized Organizations and their respective trustees, officers, employees, students and agents from any liability to me, and on behalf of my heirs, executors, administrators, legal representatives and assigns, based on or arising out of use of my child’s name, likeness or voice, or the Recordings.

I give permission __________________________________________________________________________

I do not give permission __________________________________________________________________

Parent/Guardian Signature ___________________________ Date ___________________________

Parent/Guardian Signature ___________________________ Date ___________________________
Liability Release, Waiver, Discharge and Covenant Not to Sue

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, Release), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, Releasor, I or me, which terms shall also include Releasor’s parents or guardian, if Releasor is under 18 years of age) to the Massachusetts Institute of Technology (MIT).

As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed by participating in the program, trip or other activity. As the undersigned Releasor, I understand that MIT does not require me to participate in this Activity, but I want to do so despite the possible dangers and risks and despite this Release. With informed consent, and for valuable consideration received, including assistance provided by MIT, as the undersigned Releasor, I agree to assume and take on myself all of the risks and responsibilities in any way arising from or associated with this activity, and I release MIT and all of its affiliates, divisions, departments and other units, committees and groups, and its and their respective governing boards, officers, directors, principals, trustees, legal representatives, members, owners, employees, agents, administrators, assigns, and contractors (collectively Releasees), from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with the Activity, including any injury or harm to me, my death, or damage to my property (collectively Liabilities), and I agree to defend, indemnify, and save Releasees harmless from and against any and all Liabilities.

As the undersigned Releasor, I recognize that this Release means I am giving up, among other things, all rights to sue Releasees for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself. I also affirm that I have adequate medical or health insurance to cover any medical assistance I may require.

I agree that this Release shall be governed for all purposes by Massachusetts law, without regard to such law or choice of law.

THIS IS A RELEASE OF YOUR RIGHTS, READ THIS FORM CAREFULLY AND UNDERSTAND BEFORE SIGNING.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

________________________________________  _______________________________________
Student Name                                      Parent/Guardian Name (please print)

________________________________________  ____________________________
Parent/Guardian Signature                        Date