

**Permission and Binding Commitment and Agreement for the
2018 Iowa Regional Junior Science and Humanities
Symposium The University of Iowa, Iowa City, Iowa**

We hereby grant permission, as parents or guardian(s) of the student, _____, to fully participate in programs and activities of the ***Iowa Regional Junior Science and Humanities Symposium (Iowa Regional JSHS)***, to be held **March 5-6, 2018, at the Marriot Hotel in Coralville, Iowa**. We also agree to the following pertaining to the above-named student.

1. We give permission for release of all pertinent school data to the Iowa Regional JSHS for the purpose of selecting student to attend the Symposium.
2. We understand that transportation to and from the Iowa Regional JSHS site and activities must be arranged by the school, student and/or family. **Student delegates are required to be accompanied by a teacher/chaperone/parent or guardian during JSHS.** We further understand that in case of problems of illness, disruptive behavior, or other unforeseen circumstances, we will be responsible for transportation home at any time when Symposium officials deem such dismissal necessary for the benefit of the student or others at the Iowa Regional JSHS.
3. We affirm that the student does not use non-prescription addictive drugs, including alcohol and nicotine.
4. We will be financially responsible for any and all devious, malicious or wanton acts of vandalism, theft, or personal or property damage perpetrated by the student.
5. We understand that it may be necessary for Iowa Regional JSHS officials to obtain emergency medical assistance in case of accident or sudden illness. We further understand that, in case of accident or illness, we accept responsibility for costs of medical care over and above the limited care provided by the Student Health Service at The University of Iowa. We hereby hold the Iowa Regional JSHS and its agents and representatives, including, but not limited to, The Connie Belin & Jacqueline N. Blank Center for Gifted Education and Talent Development (Belin-Blank Center for Gifted Education) and the Sheraton Hotel of Iowa City, harmless in the exercise of this authority.
6. We agree to adhere to the rules and regulations concerning students' responsibilities while attending the Iowa Regional JSHS. We understand that the director has the right to dismiss any student whose behavior is not consistent with the decorum, goals and standards of the Iowa Regional JSHS.
7. We give permission for our student to be taken on field trips, on and off campus, and retain responsibility and liability for their welfare.
8. We agree that the student will participate in the completion of the questionnaires and other appropriate research projects done as part of the program's evaluation. We also agree that photographs, electronic imagery and sound of our student taken during the program, papers written by him/her for the program, and similar items may be used by the Iowa Regional JSHS in reports and public information materials (i.e., local newspaper). We further agree to allow the Symposium to release for educational purposes photographs and video recordings, with or without audio, of activities and projects involving the student.
9. We agree that directory information about the student, including student's name and address, school, year in school, and name(s) and address(es) of parent(s) may be released at the discretion of the Iowa Regional JSHS administrative staff.
10. We understand that participation in the Iowa Regional JSHS will require a substantial time commitment and are willing to make attendance and full participation at all academic and social activities a first priority.

We certify that the information on this application is complete and accurate and that we concur with these statements and will abide by the agreements and fulfill the commitments specified and implied by this application.

Signatures: _____
Parent(s)/Legal Guardian(s) *Date*

_____ _____
Student *Date*

**Without parental/legal guardian consent, participation in the Iowa Regional JSHS cannot be approved.
Return this completed form to sponsoring teacher/chaperon.**

Dr. Lori Ihrig
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