Dear parent or guardian,

We are pleased that you have chosen IU South Bend’s Summer Teen Enrichment Program (STEPs). On the following pages, you will find:

- Information about when and where each camp takes place (pg. 1).
- A map of campus (pg. 2).
- Our standard release forms (pgs. 3-4). Please complete these and bring them to the first session.
- Guidelines and Policies for participating in STEP (pgs. 5-7).

If you have any questions, please feel free to contact us. We look forward to seeing you this summer!

Sincerely,

Lee Kahan, Associate Dean
lkahan@iusb.edu
(574) 520-4305

Nick Wort, Administrative Assistant
nwort@iusb.edu
(574) 520-4267
STEPs Dates and Locations

Creative Writing: Flash Fiction
June 25-29 from 1-4pm
Wiekamp Hall 1180

Japanese Culture and Language
July 9-13 from 1-4pm
Wiekamp Hall 1180

Battle of the Bots
July 16-20 from 1-4pm
Northside Hall 340

Map of IU South Bend
Assumption of Risk and Release from Liability ("Agreement")

I, the undersigned, give permission for my Child to participate in the Summer Teen Enrichment Program, offered on behalf of The Board of Trustees of Indiana University ("IU"), at IU South Bend on 25-29 June and 9-13 July and 16-20 July, 2018 (the "Program").

In consideration for my Child’s participation, I, on behalf of my Child, agree to the following:

1. I understand the Program consists of academic activities that will be held in the classrooms and laboratories at IU South Bend.

2. I understand that as part of my Child’s participation in the Program there are dangers, hazards, and inherent risks to which my Child may be exposed, including, but not limited to, the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further understand that participating in the Program may involve other risks and dangers, whether known or unknown nor reasonably foreseeable, including exposure to non-hazardous laboratory chemicals and food/drink allergies.

3. I fully understand the scope of the activities and the risks involved. I voluntarily accept and assume all risks of injury, loss of life, or damage to property arising out of my Child’s participation in the Program.

4. I hereby release and fully discharge IU, including its officers, employees, and agents, from any and all claims or causes of action, including all liability for damage to personal property or personal injury which may result from my Child’s participation in the Program, that may be brought by me or my Child or for any injury or loss that my Child may suffer while participating in the Event, whether caused by negligence or otherwise, to the fullest extent permitted by law.

5. I further release, indemnify, and hold harmless IU, including its officers, employees, and agents, from and against any and all liability, actions, debts, claims, and demands of every kind whatsoever, including, but not limited to, any claim for negligence and/or any present or future claim, loss, or liability for which my Child may be liable to any other person or to IU that arises out of my Child’s participation in the Program.

6. In the event of an accident or serious illness, I hereby authorize representatives of IU to obtain medical treatment and transport for my Child on my behalf. I waive my right to receive informed consent prior to such transportation or treatment. I hereby hold harmless and agree to indemnify IU from any claims, causes of action, damages and/or liabilities, arising out of or resulting from the medical treatment or transport. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

7. This Agreement shall be governed by and construed under the laws of Indiana. Notwithstanding any other agreement that I have signed related to this Program that purports to establish the venue for any litigation arising from this Program, I agree that I will file no action against The Trustees of Indiana University or its officers, employees, and agents, whether based on this Agreement or in any way otherwise connected to this Program, in any court other than the Circuit Court of Monroe County, Indiana.

8. I understand and agree to all of the terms of this Agreement. I understand that I am giving up substantial rights (including my right to sue) and acknowledge that I am willingly signing this document. My signature on this document is intended to bind not only myself and my Child, but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

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Child’s name

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Parent/guardian name

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Parent/guardian signature

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Date
INDIANA UNIVERSITY SOUTH BEND
Photographic, Video and Information Release Form

I hereby consent to the use of my photograph and/or biographical information for marketing, advertising, publicity and other promotional purposes by Indiana University South Bend and I waive all claims for compensation and damages for such use.

Date: ________________________________

Name (printed): ________________________________

Address: ____________________________________________

City/State/Zip: ____________________________________________

Telephone: ____________________________________________

Email (optional): ____________________________________________

Signature: ____________________________________________

Signature of parent or guardian (if signing for a minor):

__________________________________________
**STEPS Guidelines and Policies**

**Transportation**

Transportation to and from the Summer Teen Enrichment Programs is the responsibility of the parent or guardian. Parents should pick up their children promptly at the conclusion of the camp for which they are registered, either at the classroom or a location they have arranged with their children. Instructors will not supervise children after the class has concluded.

**Appropriate Access and Supervision of Children**

Camp participants will be supervised during program hours by a faculty or staff member who has passed a background check to work with children. **Before and after program hours, it is the responsibility of parents/guardians to supervise their children while on campus.**

**Reporting Suspected Child Abuse and Neglect**

Indiana state law requires that **any person** who has reason to believe that a child is a victim of child abuse or neglect has an affirmative duty to make an oral report to Child Protective Services (CPS) 1-800-800-5556 or to their local law enforcement or to the IU Police department. Failure to report may result in criminal charges. In addition to notifying CPS and/or local law enforcement, state law and the university also require that faculty, staff, students, volunteers, and other university personnel report any suspected abuse or neglect of minors on Indiana University property or as part of an Indiana University program, to the IU Superintendent of Public Safety (Jerry Minger – jminger@iu.edu).

**Appropriate Physical Contact and Communication with Children**

Program staff and volunteers may not make any physical contact with children except when necessary to prevent harm in emergency situations.

Program staff and volunteers need to understand that they are held to a higher standard when they are working for a program. Participants see them as role models, and they are acting as the face of Indiana University. Staff and volunteers will:

- Be positive and patient with all participants.
- Never use or be under the influence of alcohol or drugs during camp activities.
- Never use tobacco products in view of program participants during program hours.
- Never use foul or inappropriate language during a program.
- Be mindful to immediately stop a participant's usage of foul or inappropriate language or conduct.

If a staff member is not adhering to these behaviors, the parent/guardian should contact the Program Director.
Appropriate Student Conduct

Program participants are expected to act respectfully toward their peers and program staff. If a student is behaving inappropriately, the instructor will contact the Program Director, who will then discuss the student's conduct with the parent/guardian. If the conduct persists, the student will be removed from the camp.

First Aid and Medical Treatment

- If a participant is believed to need medical treatment, the program director will contact the parent/guardian. In the event of an emergency, program staff and volunteers should call 911 for medical or emergency assistance.
- First aid and medical treatment will only be given by program staff/volunteers who have received proper training. In certain emergency situations it may be necessary for non-trained staff to intervene before emergency personnel arrive.
- Medication will not be given to participants without written parental permission. Medication must be in original packaging and should be stored and handled by only program staff/volunteers who have been designated to do so.

Contacts

Primary Program Contact: Lee Kahan, Associate Dean of the College of Liberal Arts and Sciences: lkahan@iusb.edu, 574-520-4305 (work), 574-485-6665 (cell)

Secondary Program Contact: Nick Wort, Administrative Assistant to the Dean's Office: nwort@iusb.edu, 574-520-4267

Facility Contact: Michael Prater, maprater@iusb.edu, 574-520-4319

Campus Police: iupdsub@iusb.edu, 520-4499 ext. 2

Jerry Minger, Superintendent of Public Safety: jminger@iu.edu, 812-855-4296