

Warrington College of Business Administration

Center for Entrepreneurship and Innovation

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On behalf of the staff of UF's *Center for Entrepreneurship & Innovation (CEI)*, I am delighted to invite you to participate in the 8th annual *University of Florida Young Entrepreneurs for Leadership & Sustainability Summer Program for High School Students*.

You have been chosen from a group of highly meritorious applicants from Florida and throughout the nation. You should be proud of your selection for this program. You have the academic credentials, commitment to learning, willingness to work hard, and personal qualities of a future leader and change-maker.

Your participation in our summer program will not only be educational and engaging, it will likely be life-changing. You will attend college lectures each morning; you will work at a local agency doing community service each afternoon; on the evenings and weekends you will participate in activities and events with renowned entrepreneurs and community leaders; and you will learn to conduct your personal affairs in a mature and responsible way as one of four suitemates in a college dormitory. We have designed this summer program in hopes that it influences your future goals—in terms of your admission to the college of your choice, your success in college, and your career options. The benefits of your participation in this program will last the rest of your life.

Below are a number of forms that must be completed and returned, along with your \$500 deposit. **In order to pay the deposit, please go online to: <http://reg.conferences.dce.ufl.edu/SSP/1400039385>** and follow the instructions on that site. You may choose to pay the \$500 deposit or the full \$6800 Program Fee at this time. Note that "Personal Information" (on the second screen) refers to the Student (ignore the sections on "company" and "title"), later the form asks for "Emergency Contact" information, which should be the Parents', as well as Billing Information (which in most cases will be the Parents'). **The deposit payment must be submitted by the deadline mentioned in your Acceptance email. The forms below must be received at the address above by that same deadline.** Note that a number of the forms require a Notary's seal. After paying the \$500 deposit, the priority deadline for paying the remainder of the Program Fee is April 15, 2014. Please also email a photo (headshot) that can be used as temporary ID to info@ufyoungentrepreneurs.org.

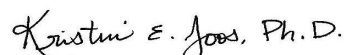
If you have any questions regarding the paperwork or instructions, please do not hesitate to contact me or one of our Program Assistants. We have four Program Assistants working with us this Spring, three of whom are YELS Alumni and current UF undergraduate students: Amy (YELS 2010), David (YELS 2011), and Brant (YELS 2011). Carmen is new to our staff this year and will be working with us this summer as well. Amy, David, and Brant can help with questions related to the program in-general (their focus is on helping with outreach to applicants). Amy is the best person to contact for help with confirmation paperwork and/or dual enrollment paperwork, and Carmen can answer these sorts of questions as well. They can all be reached at info@ufyoungentrepreneurs.org.

If you no longer desire to attend our program, please let us know right away. Please note that applicants will receive a full refund if the program does not reach capacity (which is highly unlikely, at this point, however I'm required to make this statement).

Due to the exciting news that we were given extra space by Housing, we do still have a few open spaces. We would appreciate your help in spreading the word. It may be fun to come along with a friend. If there is someone you'd like to refer, please encourage them to contact us as soon as possible so we can help expedite their application.

Congratulations once more on your invitation to the program. *I look forward to an exciting summer together!*

Sincerely,



Kristin E. Joos, Ph.D.

Director, *UF Young Entrepreneurs for Leadership & Sustainability Summer Program for High School Students*



Program Contract and Release of Liability

I, _____ as the parent or legal guardian of _____ (hereinafter referred to as "The Participant"), confirm that my son or daughter will participate in the *Young Entrepreneurs for Leadership & Sustainability Summer Program* for High School Students (hereinafter referred to as "YELS" to be held at the University of Florida (UF) June 22 – July 25, 2014, and hereby agree to the following conditions of my son or daughter's participation:

- (1) YELS is a five-week residential program. The Participant is required to attend for the full duration of the program, including weekends.
- (2) I understand that as the guardian to The Participant I am responsible for:
 - a) any portion of the fees which financial awards do not cover (for students who have applied for scholarship awards);
 - b) residence hall damages or cleaning charges incurred by The Participant;
 - c) lost books and/or library fines incurred for books checked out to The Participant;
 - d) medical treatment and medications for pre-existing conditions; medical treatment, and medications not covered by the UF insurance policy carrier;
 - e) any other costs incurred by The Participant which are not the express responsibility of the YELS
- (3) No refunds will be given for withdrawals or dismissals after 14 days prior to June 23, 2014.
- (4) I understand that The Participant is required to participate in community service (off-campus at a community agency which has signed a memo of understanding with UF) and will sign an Ethics Agreement with UF's Center for Leadership & Service. I hereby give my permission for my son or daughter to participate in such community service.
- (5) I understand that swimming pool facilities and sports and recreation facilities will be available to participants in this program. I hereby give my permission for my son or daughter to use the swimming pool facilities and sports and recreation facilities during the program, and assume all the risks and hazards incidental to the activity.
- (6) I further understand that it is both my responsibility and that of The Participant to read and understand the YELS Rules and Regulations as established by the *Center for Entrepreneurship & Innovation* and the *Center for Precollegiate Education and Training* and the *University of Florida* at to the commencement of the YELS program. Violation of these Rules and Regulations may result in disciplinary action and sanctions including, but are not limited to, suspension or expulsion from YELS. Examples of conduct that may result in suspension or expulsion from the YELS may include, but are not limited to, the following:
 - a) disruptive or disorderly conduct; dishonesty;
 - b) engaging in conduct which is committed with disregard of the possible harm to an individual or group, or which results in an injury to an individual;
 - c) failing to follow guidelines and regulations;
 - d) use, possession, or delivery of any alcoholic beverages, firearms or other weapons, illegal drugs, and/or other illegal or potentially hazardous substances/materials; and/or
 - e) violation of any Rules of the University of Florida, Board of Trustees, municipal ordinances, laws of the State of Florida, or laws of the United States.

If the Director of YELS, or the Director's Designee, reasonably believes that The Participant has engaged in conduct that is in violation of the YELS Rules and Regulations, The Participant will be notified of the alleged violation and be given an opportunity to respond to the allegations in a meeting with the Director or the Director's Designee prior to the Director's or the Designee's final determination. In all instances, the Director or the Designee's final determination regarding any violation of the YELS Rules and Regulations including the imposition of sanctions shall be conclusive and binding.

If the Director or the Director's Designee determines that the participant will be suspended or expelled from the YELS program The Participants parent or legal guardian will be immediately contacted and will be required to either pick up The Participant from the University of Florida or to make arrangements for The Participant to return home immediately. In the event The Participant is expelled for violating a provision of the YELS Rules and Regulations, The Participant will not be entitled to a refund of any monies paid to the YELS program.

RELEASE OF LIABILITY: In consideration of the benefits to be derived from participating in YELS, I, the parent or legal guardian of The Participant, both personally and on behalf of The Participant, and for our respective estates, heirs, administrators, executors, and assigns hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the *Young Entrepreneurs for Leadership & Sustainability Summer Program* for High School Students, the University of Florida Board of Trustees, the Center for Entrepreneurship & Innovation, the Center for Precollegiate Education and Training, the Center for Leadership & Service, the Board of Governors of the State of Florida, the State Board of Education of the State of Florida, the Department of Education of the State of Florida, the State of Florida, their officers, directors, servants, agents or employees (“the Releasees”) from any and all liability, claims, demands, actions, and causes of action, as well as attorneys' fees and court costs, arising out of or relating to any loss, damage or injury, including death, that may be sustained by The Participant or The Participant's property during and/or as a result of the participation of The Participant in the 8th Annual YELS program, including all related travel and transportation.

I fully understand that there are potential risks and hazards associated with my son or daughter’s participation in YELS, including, but not limited to, possible injury or loss of life. Despite the potential risks and hazards associated with my son or daughter’s participation in YELS and related travel, I, individually and on my son or daughter’s behalf, wish for him or her to proceed, and freely accept and assume all risks and hazards that may arise from his or her participation in the YELS that could result in loss, illness, personal injury, death, or property damage to him or her, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise. I acknowledge that my son or daughter is freely and voluntarily participating in the YELS program and that his or her participation is not required.

I further hereby agree to indemnify and hold harmless the Releasees from any judgment, settlement, loss, liability, damage, or costs, including court costs and attorney fees for both the trial and appellate levels, that Releasees may incur as a proximate result of any negligent or deliberate act or omission by my Child during his or her participation in the Program and any associated Activities and/or Field Trips.

In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age, fully competent, and the legal parent or guardian of the Participant.

Signature of Parent or Guardian

Signature of Parent or Guardian

Before me, the undersigned, duly authorized to administer oaths and take acknowledgments, personally appeared all of the above persons who, having fully sworn, on oath depose and say that they have read and understand the foregoing. If this document is being signed by only one parent or guardian, acknowledgment was made to me that this parent or guardian is legally designated as possessing sole custody of the participant.

Sworn to and subscribed before me this _____ day of _____, 2014

at _____ in _____ County, State of

____ Personally known to me or ____ Produced Identification; Type of Identification:

Notary Public Signature _____

(SEAL)

My Commission Expires: _____



CONTACT/MEDICAL INFORMATION

Student: _____
Social Security #: _____ Birthdate: _____
Parent(s)/Guardian(s) Names: _____ / _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: (____) _____
Parent(s)/Guardian(s) Work Telephone(s) (____) _____ (____) _____
Another Person to Contact in Case of Emergency: _____
Phone Number: (____) _____ Relationship: _____

INSURANCE INFORMATION

Primary Insurance Company Name: _____
Insured's Name: _____
Insured's Social Security Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____
Policy Number: _____ Fax Number: _____
Plan Type or Code Number: _____

MEDICAL INFORMATION

The following section is to include special allergies or medical conditions that might require special attention during the 8th Annual *Young Entrepreneurs for Leadership & Sustainability Summer Program* for High School Students (YELS). Examples are food, drug or insect allergies, diabetes, chronic illness, recent surgery, fainting spells, etc. It must also include any hospitalizations for any reason, any regularly prescribed medications, and any special or psychological examinations, conditions, medications, or treatments. Please note that we do not have a medical staff; if treatment is required for a prolonged or serious condition, we ask that students return home until they are well enough to rejoin the program.

Allergies _____

Chronic Conditions (Asthma, etc.) _____

Regular Medications _____

Are there any known allergies, sensitivities, or other conditions that would limit activity during the program? If yes, please explain. _____

Medical History _____

Parent(s)/Guardian(s) Signature(s)

Date



MEDICAL AUTHORIZATION

PARENTAL CONSENT & AUTHORIZATION

We/I understand that our/my son/daughter _____ who is _____ years old and an academic-year student at _____ has been selected to attend the *Young Entrepreneurs for Leadership & Sustainability Summer Program* for High School Students (YELS) (hereinafter "PROGRAM") to be held on the campus of the University of Florida, June 22 through July 25, 2014.

We/I understand that my/our health insurance, if available, will be the primary coverage for _____ in the event of accident or illness while attending the PROGRAM. We/I further understand that in the event we/I do not have insurance or have exceeded our coverage limits, our/my son/daughter will be insured by the sponsors/administrators of the PROGRAM for accident and illness occurring during the participant's attendance in the PROGRAM and excluding pre-existing medical conditions. This insurance coverage is limited to a total amount of \$5,000 for accident or injury not related to illness and \$1,500 for illness per participant. The policy will be arranged through University of Florida and will be in effect for the duration of the PROGRAM. Upon written request, a copy of the policy will be sent to parents or guardians when it is available. This coverage will be effective from the time the participants register until NOON on July 25, 2014, exclusive of time away from the PROGRAM for the holiday weekend, absence from the program for personal/family business, or at other times as approved by the Director or the Director's Designee.

We/I also authorize the sponsors/administrators of the PROGRAM and authorized representatives of the Insuring Agency to obtain information regarding the medical history, physical condition, and diagnosis of our/my son/daughter as required to document covered accidents/illnesses. A photocopy of this authorization shall be valid as the original. This authorization will be valid for the term of our/my son/daughter's coverage under the policy.

We/I, the parent(s) or guardian(s) of _____, do hereby request that the University of Florida, through its agents or employees, take whatever steps necessary to secure medical treatment for the child named above in the event such child appears to be in need of such treatment while attending the PROGRAM. We/I consent to the rendering of all necessary treatment including admission to a hospital or other appropriate health care facility, in such institutions and at such places as the University, acting through its agents or employees, deems best. I authorize the agents or employees of the University to execute whatever forms might be necessary to ensure complete and adequate care of our/my child.

We/I affirm that the above medical information is complete and accurate. We understand that pre-existing health conditions are not covered by the University or the PROGRAM insurance and that such conditions are the financial responsibility of the parent(s) or guardian(s). We/I also understand that the insurance policy cited above does not cover any medical problems known to us/me or that should have been known to us/me and not revealed by us/me to the University or the PROGRAM, and that certain conditions will not be covered under the terms of the insurance policy.

If this document is being signed by only one parent, I, the undersigned, affirm that I have been judicially granted sole custody of the participant. If this document is being signed by a guardian(s), I/we, the undersigned, affirm that I/we have been judicially granted legal guardianship of the participant.

Student Participant Signature Date

Parent or Guardian Signature Date

Parent or Guardian Signature Date



Transportation Permission Form

Participant's Full Name: _____

Will you have a bicycle with you? ? Yes ? No

(Students will benefit by having a bicycle on campus due to the distances that need to be covered, however they should be aware that bicycles on campus are often stolen, so care should be taken to secure them properly at all times.)

Note: Students will not be permitted to drive while participating in the *Young Entrepreneurs for Leadership & Sustainability Program* and there are not on-campus parking-spaces available.

Community Service & Activities Permission

I agree to allow the staff and volunteers of YELS to transport my son/daughter in an automobile for Community Service & Activities and related purposes during the 8th Annual YELS program.

Signing-out Students

Though students are expected to participate in the full duration of the program, we understand that sometimes family events arise (such as weddings, funerals, etc.). If you would like to sign your student out for a few hours or a day, you must receive approval in advance from the Director. Please make note below if you are already aware of such a situation, otherwise please contact Dr. Kristin Joos as soon as such situation arises.

Relative/Other Transportation Permission

Participants in the YELS program must have permission (written, on file) to ride in a car with anyone not associated with the program.

I agree to allow the following relative(s) and/or known adult(s) to transport _____ in an automobile during the 8th Annual YELS program. **Student's name**

Authorized adults' names and relationship to above student:

I, _____, the parent or guardian of _____, do hereby grant permission for my son/daughter to travel in the manner(s) described herein. I have signed the Release of Liability Form that accompanied these materials and agree to bound thereby.

Parent or Guardian Signature

Sworn and Subscribed to me this _____ day of _____, 2014

at _____ County, State of _____

___ Personally known to me, or ___ Produced Identification; Type of Identification _____

(SEAL)

Notary Public Signature

My Commission Expires



UF Young Entrepreneurs for
Leadership & Sustainability
www.UF Young Entrepreneurs.org

MEDIA RELEASE FORM

STUDENT'S NAME _____

For value received and without further consideration, I hereby consent that all photographs and/or video taped images taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings during the 8th Annual Young Entrepreneurs for Leadership & Sustainability Summer Program, June 23 – July 25, by the University of Florida Center for Entrepreneurship & Innovation (UF-CEI) or Center for Precollegiate Education and Training (UF-CPET), may be used by CEI and/or CPET and/or others with the consent of CEI for the purpose of illustration, advertising, or publication in any manner.

STUDENT'S SIGNATURE: _____

ADDRESS:

CITY, STATE, ZIP CODE:

DATE _____, 2014

NAME OF SCHOOL

THE FOLLOWING MUST BE SIGNED BY THE PARENT/GUARDIAN:

PARENT/GUARDIAN SIGNATURE: _____

ADDRESS

CITY, STATE, ZIP CODE

DATE _____, 2014