### OHIO SEA GRANT AND STONE LABORATORY

# Consent Form 2018

#### Please sign and upload both pages of this form to your application.

1. CERTIFICATION IMPORTANT! READ S	TATEMENT AND SIGN	BELOW.	
	e admission and financi	o Application and any other information that I have sub ial aid process is complete and accurate and is my own for revocation of admission or enrollment.	
the admission and financial aid process. Pursua Ohio State University to release the information	ant to the Family Educat n provided by me, as we	ademic and personal information to The Ohio State Un cional Rights and Privacy Act of 1974, as amended (FER ell as other official and unofficial Ohio State information g the donors with information concerning my eligibility	PA), I hereby authorize The regarding my academic
Applicant Name (please print)		Parent/Guardian Name (please print)	
Applicant Legal Signature	Date	Parent/Guardian Legal Signature (if applicant is under 18 years old)	Date
2. PERSONAL (Describe any physical limitatio	ns or health problems. U	Use supplemental sheet if necessary)	
	walking in streams, hiki	<b>sions?</b> "Field excursions" <b>may</b> include, but are not limit ing on potentially rocky terrain, and wading in hip to cht if necessary.	
vision/ hearing /touch/smell/taste, a learning disa $ {\bf B.}  \square \ {\bf Yes} \ \square \ {\bf No}  {\bf If} \ {\bf yes}, \ {\bf you} \ {\bf will} \ {\bf be} \ {\bf contact} $	bility, a psychiatric condi	<b>ility?</b> A disability can include a physical or mobility limitatition, a communication disorder such as Autism Spectrum how to register with the Ohio State Office of Student Lie of Student Life Disability Services 614-292-3307 or slds	n Disorder, ADHD, etc. fe Disability
3. PHOTO RELEASE			
University with respect to copyright ownership	and publication, includi	ic, or video format the likeness or image of myself. I re ng any claim for compensation related to use of the ma D AND AGREE TO BE BOUND BY THIS RELEASE.	
Applicant Signature			Date
Parent/Guardian Signature (if applicant is under	18 years old)		Date
4. HOUSING & COMMUNITY STANDARDS OF		Consequence in Change develop of Consequent on a possiblish and in the	- Ctomo I altouatam.
Handbook while participating in the program (g	,	e Community Standards of Conduct as published in the	e Storie Laboratory
Applicant Signature			Date
X			
Parent/Guardian Signature (if applicant is under	18 years old)		Date
Y			







#### 5. 2018 REQUEST TO PARTICIPATE AND RELEASE FROM LIABILITY

I hereby request permission to enroll in course(s) and participate in activities offered through F.T. Stone Laboratory's 2018 summer program. I am aware that such enrollment may involve participating in activities that could present a risk of injury or serious bodily harm. Examples of such activities include:

- a.) observing or collecting organisms, including wild and possibly poisonous plants and animals;
- b.) using field and lab equipment, including sharp-edged, high-voltage, and boat-deployed equipment;
- c.) crossing rough terrain and other vigorous activities;
- d.) boating and other aquatic activities;
- e.) participating in field trips and related transportation.

I acknowledge that I am not required to enroll in such course(s) or participate in such activities but have voluntarily chosen to do so at my own risk. I have had the opportunity to ask questions about the content of the course(s) and the nature and potential risks or hazards of activities associated with Stone Lab's summer program, and to have them addressed to my satisfaction. I certify that I am able to safely participate in such coursework and/or activities offered by Stone Lab and agree to comply with all safety rules and instructions provided by employees or agents of the University.

In consideration for the University's permission to enroll in such course(s) and/or participate in such activities, I herby hold harmless and release, for the participant and/or myself, as well as my heirs, executors, administrators and assigns, The Ohio State University and its employees, agents, officers, and trustees from liability for injury, loss, or damage of any kind suffered by the participant during coursework or activities related in any way to Stone Lab. I understand that this means that I am giving up the right to seek legal action against Ohio State for any such injury, loss, or damage.

## I CERTIFY THAT I AM AT LEAST 18 YEARS OLD AND THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE BOUND BY THE FOREGOING RELEASE

Applicant Signature		Date
X		
Parent/Guardian Signature (if applicant is under 18 years old)		Date
X		
6. PARENTAL STATEMENT OF UNDERSTANDING (for high school applicants only)		
Stone Lab immerses students in a science experience that they will draw from for the rest of	their lives. While we want studen	ts to have fun, it's important
to remember that Stone Lab courses are challenging college courses, with mandatory daily a	attendance both in class and on fi	eld excursions. Evening
activities are also common.		
While there are always adults on Gibraltar Island, students are expected to manage their own	n schedules and workload. The o	nly mandatory curfew is for
students under 18, who are required to be on the island by 10 p.m. each night.		
We believe Stone Lab to be a challenging but rewarding experience for all of our students, a	and hope that you'll agree.	
My son/daughter and I understand and accept the information provided above regarding his	/har participation in courses at St	one Laboraton
my son/daugnter and i understand and accept the information provided above regarding his	Ther participation in courses at St	one Laboratory.
PLEASE SIGN FOR YOUR HIGH SCHOOL SON/DAUGHTER REGARDLESS OF HIS/HER AG	GE.	
Parent/Guardian Signature		Date
Y		