Institute for
Young Women
Registration Form\$15.00
REGISTRATION FEE





DUE MAY 22nd 2015

Name					
Λαο					
Age					
Best Contact Number					
Grade Please Circle One	9 th	10 th	11 th	12 th	
School					

CHEF GEAR INFORMATION

Chef Coat	Small	Medium	Large	Ex-Large
Pants	Small	Medium	Large	Ex-Large

PARTICIPANT WAIVER AND RELEASE

I (we) understand that I (we) hold the Arkansas Tech University and any affiliated entity, their officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in the Summer Culinary institute for Young Women ("the event"). While the exact nature of any harm that could occur during the event is not foreseeable, however, harms that could occur include burns, cuts, sprains, bruising, swelling, disfigurement, loss of vision, bleeding, dismemberment, broken bones, or death. This waiver and release is made despite full knowledge by the undersigned of these potential harms, and the undersigned still chooses to voluntarily permit the identified minor child to participate in the event. I (we) fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her own and/or parent/guardian.

Misconduct, which includes but is not limited to any drug or alcohol use, at "the event", during competition or in activities or locations related to or surrounding "the event", may disqualify a participant or the participant's team from awards or further participation. Should any misconduct come to the Arkansas Tech University's attention, the matter will be investigated, as Tech seems appropriate.

I (we) hereby consent that the Arkansas Tech University, its representatives, successors, or assigns, shall have the right to publish or use any photographs, movie films, video tapes, digital images and/or sound recordings, submitted text or any part thereof, they have taken or made of me (student) on this date or in which I (student) may have been included, for publicity, advertising, Internet usage or any other lawful purpose in conjunction with my (student) own or a fictitious name or image, or in reproductions thereof in color.

I (we) hereby waive all claims for any compensation for use or for damages.

I (we) hereby waive any right that I (we) may have to inspect and/or approve the finished product or the use to which it may be applied.

I (we) hereby warrant that I (we) have every right to contract in my (student) own name in the above regard. I (we) state further that I (we) have read the above authorization and release, prior to its execution, and that I (we) am fully familiar with the contents thereof.

This form must be completed and signed before the students are eligible to participate in the Summer Culinary Institute for Young Women. I (we) have read, understand and agree to comply with the information in this document.

Name of Student (print)	
High School Name	
Current Grade Level (Sophomore, Junior, Senior)	
Home Address	
City, State, Zip	
Student E-mail	
Student Telephone	
Emergency Contact	
Emergency Contact Telephone	
Student Signature	
Parent/Guardian Signature	
METHOD OF PAYMENT	CHECK-MONEY ORDER-CASHIERS CHECK Circle one

Students without a waiver will not be allowed to participate. This form should be returned in the mail with \$15.00 check-money order or cashier's check to ATU-PRHA Department-Attn: Susan West 1205 N El Paso #106 Russellville AR 72801. The email or mail must be returned by MAY 16th