



## ***Woods Hole Oceanographic Institution (WHOI)***

### **Educational Experience Application/Agreement**

Name(s) of Educational Program Participant:	Dates of appointment:
Date of Birth:	

#### **Address During Program**

Mailing Address:
City/State/Zip:
Student email address:

#### **Emergency Information**

##### **In case of emergency contact:**

		Relationship:
Home phone:	Work phone:	Cell phone:

#### **Campus Location**

<b>Building/Room No.:</b>	<b>Telephone:</b>
<b>Supervisor(s):</b> (list all personnel with whom the student will be in daily contact)	



**Brief Description of Activity:**

Name of Educational Program Participant: \_\_\_\_\_

**Parental Permission, Waiver and Release of Liability**

I grant permission for my child (the Educational Program Participant named above) to take part in the described program (the "Educational Experience"). While the supervisors, event coordinators and/or chaperones ("Event Staff") will take every possible measure to ensure the safety and well-being of the participants, I understand that neither Event Staff nor WHOI can be held responsible in case of any illness or injury arising from the activity. In consideration for my child's participation in the Educational Experience, I, on behalf of my child, our heirs, and our representatives (i) acknowledge and agree that there may be dangers, hazards, and/or risks involved in the Educational Experience and/or my child's presence on Campus which may occur from known or unknown causes; (ii) knowingly, freely and fully assume all such dangers, hazards, and risks; and (iii) hereby forever and irrevocably release, waive, relinquish, and discharge WHOI and Event Staff from any and all claims, demands, liabilities, responsibilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, arising from my child's participation in the Educational Experience or presence on Campus, including those based on the actions, omissions, or negligence of WHOI and/or Event Staff.

I expressly agree that this Permission, Waiver and Release of Liability: (i) shall be governed by the laws of the Commonwealth of Massachusetts, notwithstanding its conflict of laws principles; (ii) is intended to be as broad and inclusive as is permitted by law and that if any portion hereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect; and (iii) cannot be modified in whole or in part unless such modification is in writing signed by me and an authorized representative of WHOI.

**I HAVE FULLY READ AND UNDERSTAND THE CONTENTS OF THIS PERMISSION, WAIVER AND RELEASE OF LIABILITY AND I SIGN BELOW TO INDICATE MY AGREEMENT OF MY OWN FREE WILL.**

**Name of Parent or Guardian (please print):** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Medical Emergency Authorization and Health Information**

I authorize the Event Staff to dispense the prescription drugs and/or over-the-counter medications listed below to the Educational Program Participant in accordance with the instructions provided on the label (prescription drugs) or below (over-the-counter medications). In case of sudden illness or an accident requiring immediate treatment or surgery during this program or activity, I authorize the Event Staff to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the Event Staff to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. I understand that reasonable efforts will be made to contact the parent(s) or guardian(s) in case of emergency, but that this authority is not subject to the success of those reasonable efforts.

\_\_\_\_\_  
Name of Parent/Guardian    Primary Phone    Secondary Phone    Email Address

\_\_\_\_\_  
Name of Additional    Primary Phone    Secondary Phone    Email Address  
Emergency Contact

Name of Educational Program Participant: \_\_\_\_\_

The following information is provided as an aid to the Event Staff in dealing with the well-being of the Educational Program Participant. The Educational Program Participant has the following health conditions: (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.):

Health conditions: \_\_\_\_\_

Medications/Instructions: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

I agree to the following as it relates to my child as an Educational Program Participant in this Educational Experience:

1. WHOI does not provide my child with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by my child. Further, I understand that my child is neither covered by Workers' Compensation nor entitled to employee benefits as a result of their WHOI affiliation granted for the purposes of an Educational Experience.
2. WHOI agrees to provide my child with third party liability insurance to protect me from any claims filed against me related to my child's activities while on campus. In exchange, I, on behalf of my child, our heirs, and our representatives do hereby release, indemnify, and hold harmless WHOI or any of its officers, agents, or employees from any and all liability, damage, or claim of any nature that arises out of or is related to my child's educational activities.
3. I am aware of the terms and conditions of this agreement and I am signing this agreement of my own free will. I affirm my acceptance of the terms of this agreement with my signature.

**Signature of Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Educational Experience Code of Conduct**

The primary purpose of the Educational Experience Code of Conduct is to ensure the safety and well-being of all participants and to maximize the positive impact of events and activities hosted at WHOI. It applies to all participants including minors, their parents, and volunteers.

As a participant in this Educational Experience, I will:

- Conduct myself in a collegial manner and treat members, parents, volunteers, staff, and others with respect.
- Respect and adhere to the rules and guidelines of the program including all those specific to this event or activity.
- Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.
- Obey local, state and federal laws.

When appropriate, immediate corrective action will be taken at the event to ensure the safety and welfare of all participants. I understand if I fail to adhere to the above Code of Conduct, I will potentially be prohibited from attending and participating in this Educational Experience and/or future programs at WHOI.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Educational Program Participant: \_\_\_\_\_

Form to be signed by Supervisor, Department and Dean:

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair/Department Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

To Be Completed by APO:

Is Safety Training Required    Y   N

Is a Safety review of lab space required    Y   N

Please return entire Application/Agreement to: Academic Programs Office, MS #31, WHOI, Woods Hole, MA 02543 or by email to [education@whoi.edu](mailto:education@whoi.edu)

10/2023