What you will find in this packet:

Instructions for completing registration: Pg. 2

Fall Test Prep Information: Pg. 3

Waiver of Liability Form: Pg. 4

Waiver of Liability Form (Spanish): Pg. 5

Medical Release Form: Pg. 6
Instructions for Completing Registration:

1. Print out the Waiver of Liability and Medical Release Form attached to this document (pages 4-6)
2. Fill out the forms completely with necessary information and signatures:

  - Parent Information/Signatures
  - Student Information/Signatures

3. Return Completed Forms to the EAOP office no later than 4:00pm on Wednesday, October 4, 2017

   **Via Fax**
   951.827.4762

   **Via Email**
   Scan completed documents and then send to:
   eaop@ucr.edu

   -OR-

   **Via Mail**
   Early Academic Outreach Program
   1228 Student Services Bldg
   900 University Ave
   Riverside, CA 92521
The Early Academic Outreach Program (EAOP) would like to welcome you to Fall Test Prep Workshops! Check-in for EAOP Fall Test Prep Workshops will begin each day of the program at 8:30am at UC Riverside in Sproul Hall Room 1340. Each day, the program will begin promptly at 9:00am. Workshops will end at 1:00pm. To prepare for the event, please read the information listed below.

**Session One**
Saturday, October 7: Mathematics  
Saturday, October 14: Reading  
Saturday, October 21: English and Writing  
Saturday, October 28: Full Length Practice SAT

**Session Two**
Saturday, November 4: Mathematics  
Saturday, November 11: Reading  
Saturday, November 18: English and Writing  
Saturday, December 2: Full Length Practice SAT

**No class on Saturday, November 25 in observance of Thanksgiving.**

**WHAT TO BRING**
No 2 pencil(s), Calculator, Bottled Water, Snacks. A small lunch will be provided by EAOP during the Mathematics, Reading, and English and Writing lecture dates. Lunch will not be provided on the Full Length Practice SAT dates.

**CHECK-IN**
Check-in begins at 8:30 a.m. every day at Sproul 1340.

**ELECTRONIC DEVICES**
EAOP does not recommend that students bring personal electronic devices because their usage is forbidden during class time. Students are allowed to bring cell phones for communicative purposes before and after the event but they cannot be used during the program. EAOP is not responsible for any lost or damaged personal property that students choose to bring.

**PARKING**
Students should be dropped off at the Flagpole adjacent to Lot 1 and pedestrian directional signs will lead students to the check-in location. If you drive yourself to UC Riverside, you are required to purchase a parking permit. EAOP will not cover the cost of parking. Any vehicles parked on the campus without a permit will be cited. Daily permits can be purchased from the UCR University Kiosk prior to the event for $9.00. The kiosk is located next to Lot 1.

**DIRECTIONS TO UC RIVERSIDE**

<table>
<thead>
<tr>
<th>From the CA-91 Freeway:</th>
<th>From the CA-60 Freeway:</th>
<th>From the I-10 Freeway:</th>
<th>From San Bernardino:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA-91 East</td>
<td>CA-60 East</td>
<td>I-10 East</td>
<td>I-215 South</td>
</tr>
<tr>
<td>CA-60 East</td>
<td>Exit University</td>
<td>I-15 South</td>
<td>CA-60 East</td>
</tr>
<tr>
<td>Exit University</td>
<td>Left on University</td>
<td>CA-60 East</td>
<td>Exit University</td>
</tr>
<tr>
<td>Left on University</td>
<td>Follow EAOP Test Prep Signs</td>
<td>Exit University</td>
<td>Left on University</td>
</tr>
<tr>
<td>Follow EAOP Test Prep Signs</td>
<td>Follow EAOP Test Prep Signs</td>
<td>Left on University</td>
<td>Follow EAOP Test Prep Signs</td>
</tr>
</tbody>
</table>

If you have any other questions regarding the EAOP’s Fall Test Prep Workshops, please contact the EAOP office at (951) 827-6230 or email bryan.nicol@ucr.edu.

Sincerely,

Bryan Nicol
Waiver: In consideration of being permitted to participate in any way in Fall Test Prep Workshops 2017 hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.
Renuncia: A cambio de que se me permita participar en cualquier capacidad en la actividad EAOP Fall Test Prep Workshops, yo, en mi nombre y en el de mis herederos, representantes o designados personales, por la presente relevo, renuncio, eximo, y acepto no demandar a los miembros de la Junta de Regentes de la Universidad de California, sus funcionarios, empleados y representantes de responsabilidad de todo reclamo, incluyendo la negligencia de los miembros de la Junta de Regentes de la Universidad de California, sus funcionarios, empleados y representantes, resultante de lesión, accidentes o enfermedades (inclusive la muerte) y perdida de propiedad originada por, pero no limitada a, la participación en la actividad EAOP Fall Test Prep Workshops.

Firma del padre o tutor del menor Fecha Firma del adulto participante Fecha

Asunción de Riesgos: La participación en la actividad EAOP Fall Test Prep Workshops conlleva ciertos riesgos propios de tales proyectos y actividades que no pueden ser eliminados a pesar del cuidado que se tome para evitar lesiones o daños. Los riesgos específicos varían de una a otra actividad, pero los riesgos pueden incluir:

1) lesiones menores tales como rasguños, magulladuras y torceduras; 2) lesiones mayores como lesiones a los ojos o perdida de la vista, lesiones a cojunturas o a la espalda, ataques al corazón y contusión cerebral; 3) lesiones catastróficas, inclusive parálisis y muerte.

He leído los párrafos anteriores y se, comprendo y me doy cuenta de éstos y otros riesgos que son inherentes de la actividad EAOP Fall Test Prep Workshops. Por lo presente afirmo que mi participación es voluntaria y que asumo, a sabiendas, todos los riesgos.

Indemnización y eliminación de responsabilidad: También estoy de acuerdo en INDEMNIZAR Y EXONERAR DE TODA RESPONSABILIDAD a los miembros de la Junta de Regentes de la Universidad de California de cualquier y toda reclamación, acción, demanda, procedimiento, costo, gasto, daño y responsabilidad, inclusive los honorarios de abogados resultantes de mi participación en la actividad EAOP Fall Test Prep Workshops y de reembolsar estos costos en caso de incurrir tales gastos.

Derechos y obligaciones: El firmante además está de acuerdo específicamente con el hecho que la renuncia y el acuerdo de asunción de riesgos firmados en la presente se proponen ser tan amplios e inclusivos como permita la ley del estado de California y, que si cualquier parte de ellos se determina nula, se está de acuerdo en que el resto, sin embargo, mantendrá toda su fuerza y efecto.

Reconocimiento de entendimiento: He leído esta Renuncia de responsabilidad, asunción de riesgos y acuerdo de indemnización y entiendo por completo las condiciones y entiendo que estoy renunciando a derechos substanciales, incluyendo mi derecho a entablar una demanda. Reconozco que firmo este acuerdo libre y voluntariamente, y con mi firma indico que ésta es una renuncia completa e incondicional de toda responsabilidad de la manera más amplia permitida por la ley.

Firma del padre o tutor del menor Fecha Firma del adulto participante Fecha

Edad del participante (si es menor de 18 años) __________
RELEASE FOR EMERGENCY MEDICAL TREATMENT AND MEDICATION AUTHORIZATION
(PLEASE PRINT)

Student Name: ________________________________________________________________

Name of School he/she attends: _______________________________ Grade ______________

Parent’s/Guardian’s Name: ______________________________________________________

Home Phone: ( ) _____________________________________________________________

Work/Emergency Phone: ( ) ____________________________________________________

Insurance Company: __________________________________________________________

Policy Number: __________________________________________________________________

The program provides an excess Accident insurance policy for each participant. The coverage payable under the University’s policy is in excess of any other valid and collectible medical insurance that is in force on a participant.

I do ____ I do not ____ permit my child to be given aspirin or Tylenol when necessary.
(Please check one)

I authorize the use of the following medication(s): ________________________________
____________________________________________________________________________
____________________________________________________________________________

Please list under what condition medication is to be taken and instructions for its use:
____________________________________________________________________________
____________________________________________________________________________

Print Parent/Guardian Name ______________________________ Date ________________

Parent/Guardian Signature ____________________________________________________________________________