		I out both the registration and liability release forms.
It's a Bird, It's a	ı Plane, It's an Egg (Nov. 13, 2	2010) Take Apart a Toaster Day (Jan. 22, 2011)
Cool Coaster Con	struction (March 5, 2011)	Ahoy Matey, Land Ho! Land Here! (May 14, 2011)
NAME (females only ple	ase)	AGE
ADDRESS		TELEPHONE
CITY, STATE, ZIP		
SCHOOL		GRADE
PARENT/GUARDIAN_	_	TELEPHONE
E-MAIL		
ADDRESS		TELEPHONE
LIST ANYTHING SPEC	IAL THAT YOU ARE INVOL	VED IN OR INTERESTED IN:
BRIEFLY DESCRIBE WA		ARTICIPATE IN THIS EVENT:
LIST ANY SPECIAL ME	DICAL NEEDS OR ALLERGI	ES (THIS WILL NOT DISQUALIFY YOU):
T-SHIRT SIZE (circle):	Youth: <u>S M L</u>	Adult: <u>S M L XL</u>
		RATE TO THE BEST OF MY KNOWLEDGE. SWE TO PUBLISH EVENT PHOTOS.
SIGNATURE OF APPLIC	CANT:	
SIGNATURE OF PAREN	IT/GUARDIAN:	
	Lunch and all event supplies	are included in registration cost.
A	pplications <i>must</i> be postmar	ked ten days prior to event date.
Registrations	will be considered in the ord	der in which they are received. Space is limited.
PLEASE RI		a check (\$5 for each participant), payable to omen Engineers," to:
	Society of Women Engine Attn: Anna Meibers/Oliv University of Cincinnati,	ia Rengering, Outreach Co-Chairs

P.O. Box 210018, 650 Baldwin Hall Cincinnati, Ohio 45221-0018

Questions?? Please e-mail Alyssa or Rachael at <u>uc.swe.msoutreach@gmail.com</u>

RELEASE & INDEMNITY IN CONNECTION WITH MIDDLESCHOOL OUTREACH ACTIVITIES

As a guest of UC Society of Women Engineers I w	ill participate in the	
(event) and related act	ivities on	(date) held at the
University of Cincinnati.		
I agree to the following:		
1) I (we) voluntarily accept and assume the risk for	any injury I may receive as	s a result of my participation
in the above described activity(ies).		
2) I (we) release the University of Cincinnati, the S	ociety of Women Engineer	s, and their trustees, officers
employees, and agents from all liability for any	injury I may receive as a re	esult of my participation in
the above described activity(ies) and agree to h	old them harmless and inde	mnify them for any claim
made against them by virtue of my conduct in o	connection with my particip	ation in the above described
activity(ies).		
3) I (we) acknowledge that the University recomme	ends that I (we) obtain (our)) own insurance coverage
(i.e., student health plan, family coverage, etc.)		
	Signature of Participant	
	Print Name	
	Signature of Parent or L	egal Guardian**
	**If participant is less to	_