

# UBMS Accepted Student Contact Confirmation

Complete ONLY if any of the information below has changed since you completed your application.

No changes are required \_\_\_\_ I have made changes to the information below \_\_\_\_

<b>Student Name</b>			
<b>Home Address</b>	<b>City</b>	<b>ST</b>	<b>Zip Code</b>
<b>Student Email</b>	<b>Student Cell</b> ( ) -	<b>Home Phone</b> ( ) -	
<b>Mother Name</b>	<b>Mother Cell</b> ( ) -	<b>Mother Work</b> ( ) -	
<b>Mother Address (if Different)</b>	<b>City</b>	<b>ST</b>	<b>Zip Code</b>
<b>Mother Email</b>			
<b>Father Name</b>	<b>Father Cell</b> ( ) -	<b>Father Work</b> ( ) -	
<b>Father Address (if Different)</b>	<b>City</b>	<b>ST</b>	<b>Zip Code</b>
<b>Father Email</b>			

<b>EMERGENCY CONTACTS</b>	
<b>Name:</b>	<b>Relationship to Participant:</b>
<b>Best Phone: __ Cell __ Work __ Home</b>	<b>Email:</b>
<b>Name:</b>	<b>Relationship to Participant:</b>
<b>Best Phone: __ Cell __ Work __ Home</b>	<b>Email:</b>



**University of Maryland, Baltimore County**  
**Upward Bound Math Science**  
**Student Participation Contract**

In order to participate in the Upward Bound Math Science (UBMS) Program, you are expected to commit yourself to the following requirements. Please read the statements below. If you understand what is expected of you and are willing to commit yourself to each requirement, please sign in the space provided below. As a reminder, full acceptance into the UMBC UBMS Program is contingent upon the satisfactory completion of a 60 day period of probation.

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1. I commit myself to fully participate in the Upward Bound Math Science Program until I graduate from high school.
  2. I commit myself to strive for grades of “C” or better in all of my courses.
  3. I commit myself to meet all requirements, such as **turning in forms such as report cards and test scores when received, being on time, contacting the UBMS office to confirm my attendance or absence at any UBMS function**, and updating any change of address and/or phone number, etc.
  4. I commit myself to pay for expenses incurred by the Program as a result of failure to notify the Program in advance of absence from a scheduled Program activity.
  5. I commit myself to be friendly, helpful, sharing and respectful with others in the program.
  6. I commit myself to strive to work at a level of academic potential, obtain a high school diploma and enter and complete a program of postsecondary education.
  7. I commit myself to abide by all UMBC and Upward Bound Math Science rules and regulations.

I recognize and understand that failure to meet any of the above stated requirements could result in being placed in a probationary status or released from the Upward Bound Science Program at any time. By signing below, I agree to abide by the above statements voluntarily, without coercion and without reservation.

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Date

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Signature of Student

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Printed Name of Student

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Signature of Parent

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Printed Name of Parent



**University of Maryland, Baltimore County  
Upward Bound Math Science  
Parental Participation Contract**

If you wish for your student to participate in the Upward Bound Math Science Program, you are expected to commit yourself to the following requirements. Please read the statements below. If you understand what is expected of you and are willing to commit yourself to each requirement, please sign in the space provided below.

- 1. I commit myself to participate in UBMS by being supportive of the programs efforts to assist my child in enrolling in postsecondary education.
- 2. I commit to allow my child to fully participate in the UMBC UBMS Program.
- 3. I commit myself to participate in the Academic Year Orientation.
- 4. I commit myself to participate in the Summer Program Orientation.
- 5. I commit myself to participate in the Senior Financial Aid Workshop.

I recognize and understand that failure to meet any of the above requirements could result in my child being released from the Upward Bound Math Science Program.

Further, I do hereby release UMBC and the Program, and its staff, from any and all claims and liability for any damages or injuries which may be sustained. This agreement includes trips and transportation provided by the Program. I understand the commitment my child has made and pledge my full support, cooperation and active participation in the Program.

I further understand that failure by my child to comply with program requirements and responsibilities, in their entirety, may result in loss of Program entitlements, a family conference or expulsion from the Program.

\_\_\_\_\_
Date

\_\_\_\_\_
Name of Student

\_\_\_\_\_
Printed Name of Parent

\_\_\_\_\_
Printed Name of Parent

\_\_\_\_\_
Signature of Parent

\_\_\_\_\_
Signature of Parent



**WAIVER AND RELEASE AGREEMENT FOR THE  
Upward Bound Math Science Program at UMBC**

I, \_\_\_\_\_, am a participant at the University of Maryland, Baltimore County ("the University") and have agreed to participate in the University's Upward Bound Math Science Program at UMBC ("the Program") from September 1, 2016 until August 31, 2017. In consideration for being permitted to participate in the Program, I hereby agree and represent that:

1 I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. By my signature below, I certify that I have confirmed that my health care coverage will adequately cover me during the program, and hereby release the State of Maryland, the University, and the employees and agents of either, from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses.

2 I understand that, although the University will attempt to maintain the Program as described in program materials and information sessions, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither the State of Maryland, nor the University, or the employees and agents of either, shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

3 I understand that the University reserves the right to decline to retain me in the Program at any time should my actions or general behavior, in the sole discretion of the University, be determined to impede or obstruct the progress of the Program in anyway.

**4 I understand that, although the University has made reasonable efforts to assure my safety while participating in the Program, that even in domestic travel there are unavoidable risks, and I hereby release and promise not to sue the State of Maryland, the University, or the employees and agents of either, for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Program. I make this waiver on behalf of myself, my family, heirs, and personal representative(s).**

5 I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.

6 I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement I have the right to consult with the adviser, counselor, or attorney of my choice.

7 I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of, the State of Maryland.



8. I further grant to the University of Maryland, Baltimore County (“UMBC”) all rights necessary to enable UMBC to use my child’s image or photograph, alone or within a group setting, in all forms and in any media and in any publication or published format, and to otherwise use and/or publish it without remuneration to me and without incurring any debt or liabilities to me of any kind. I understand that the images or photographs which may include my child’s images are being created by UMBC and may be used in future Program brochures, printed material, and/or web-based informational or promotional materials (hereafter “materials”) related to the Program and UMBC. I understand the name of my child will not be used in the materials.

9. This agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in the Program, supersedes and previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

10. I represent that I am at least eighteen years of age or, if not, that I have secured below the signature of my parent or guardian as well as my own.

**In witness to my having read and agreed to all the terms and conditions set forth herein above, I hereby place my signature below.**

\_\_\_\_\_  
**Signature of Upward Bound Math Science Program Participant**

\_\_\_\_\_  
**Printed Name of Upward Bound Math Science Program Participant**

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

Signature of the parent or guardian signifies understanding of, and agreement with the terms and conditions of this Agreement.

\_\_\_\_\_  
**Signature of parent or guardian – Mandatory for minors**

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