

**NOTICE TO STUDENTS AND PARENTS**  
**CONCERNING THE WEST VIRGINIA GOVERNOR'S SCHOOL FOR MATHEMATICS AND SCIENCE**  
**OUTDOOR PROGRAM AND ASSOCIATED RISKS**

The WV Governor's School for Mathematics and Science is held at the National Radio Astronomy Observatory in Green Bank, WV under the direction of the National Youth Science Foundation and National Radio Astronomy Observatory. The Observatory's Recreation Area includes a swimming pool (supervised by an Observatory lifeguard), tennis courts, basketball courts, volleyball court, and other recreational sports facilities. The surrounding area abounds with areas of scientific interest and offers opportunities for a wide variety of outdoor activities including hiking, backpacking, caving, and mountain biking.

Over the years the National Youth Science Foundation has grown to take advantage of more and more of this rich environment. With each activity, it is necessary for the student and/or his family to accept the inherent risk while meeting the challenges offered by the terrain. As you will note, **it is possible that serious injury including permanent disability, paralysis and death, could be sustained in the activities described below.** These risks and dangers may be caused by the student's own actions or inactions, the actions of others participating in the activity, or the conditions in which the activity takes place. In the past, a personal sense of accomplishment and self-sufficiency has often been the rewards to students who participate in some or all of these activities. Students should not participate in these activities unless they have medical coverage and/or are prepared to take the risk associated with the possibility of injury.

**Higher Risk Activities:**

There will be opportunities for overnight **HIKING/CAMPING** trips. These trips are on trails in the area near the NRAO including the Monongahela National Forest over a variety of terrain. The more hazardous features of hiking in West Virginia are poison ivy, bees, rattlesnakes, and black bears. The staff members are informed of any student allergies and are alerted to the hazards mentioned above and we occasionally see rattlesnakes, bears and other wildlife. Precautions are taken to advise delegates how to limit blisters and sprains; however, these do occur.

The **CAVING** program involves exploring non-commercial caves. Some are wet caves and frequently involve some crawl ways as well as large rooms. A few caves have short climbs or drops of about ten feet which are negotiated with ropes. The staff members leading the caving trips are experienced with the caves used, and they explore them thoroughly before any students are taken in. Cavers are equipped with helmets with attached lights, electric back-up lights, and protective clothing. Scrapes and bruises are common in caving, and although these are the summer months, potential rock fall and unexpected flooding could cause serious injury.

**MOUNTAIN BIKING** is a bicycling experience (not motorcycling). We cycle on paved, secondary roads and forest service roads and small trails in and around the NRAO and the surrounding Monongahela National Forest. We provide appropriate helmets and take precautions; however, the potential does exist for a serious accident. Although we are touring and not racing, serious accidents can occur, especially if the rider is not careful.

**Other Activities:**

Recreational or athletic activities at times result in accidents. They are usually caused by enthusiasm displayed at a moment when caution would be more in order. Sprains and bruises are often the result. Field sports, such as volleyball, soccer, softball, or Ultimate Frisbee, and other traditional recreation activities, tennis, swimming, basketball, volleyball, etc., are examples of these activities.

Athletic activities are supervised by a staff person. These activities are not considered to be high-risk activities, and all students are encouraged to participate, but accidents do occur and could be serious.

## WV GSMS - STUDENT INFORMATION FORM

Please print clearly in **black ink**.

<b>Full Name</b>			
Last		Suffix (Jr., Sr., III)	
First		Middle	
Date of Birth (mm-dd-yyyy)    Age:		Place of Birth	
<b>Contact Information</b>			
Street Address		Home Telephone	
City		E-mail Address (Optional)	
State		Preferred Name (to be used on nametag)	
Country			
<b>Gender (circle one)</b>		<b>Adult T-Shirt Size (circle one)</b>	
Male	Female	Small XL	Medium XXL
			Large XXXL
<b>Schools</b>		<b>College Education Plans</b>	
Middle School/Junior High School	High School	Major:	
<b>Publicity Release</b>			
The undersigned hereby grant permission to the West Virginia Governor's School for Mathematics and Science, the National Youth Science Foundation, and the National Radio Astronomy Observatory, its representatives and successors to use identified photographs, video and audio recordings, and press releases of the student for the purpose of publicity and other promotions, including Internet publications. The student's name and address may be released to institutions providing educational excellence.			
<b>Signature of Student</b>		<b>Signature of Parent/Guardian</b>	
<b>Date</b>		<b>Date</b>	
<b>Release from Liability</b>			
The undersigned hereby release the West Virginia Governor's School for Mathematics and Science and its staff, the West Virginia Department of Education and the Arts, the National Youth Science Foundation, and the National Radio Astronomy Observatory from any and all claims arising from the undersigned student's participation in the WV GSMS.			
<b>Signature of Student</b>		<b>Signature of Parent/Guardian</b>	
<b>Date</b>		<b>Date</b>	
<b>Rules Agreement and Field Trip Permission</b>			
Having reviewed and discussed (student/parent/guardian) the rules in the Handbook for attendance, participation, and living applicable to the West Virginia Governor's School for Mathematics and Science at the National Radio Astronomy Observatory, the undersigned student agrees to abide by all rules of the school and commit to attend the GSMS from August 2 – 15, 2009. The undersigned parent/guardian gives permission for the student to participate in any field trips planned and organized by the GSMS.			
<b>Signature of Student</b>		<b>Signature of Parent/Guardian</b>	
<b>Date</b>		<b>Date</b>	
<b>Consent to Participate</b>			
The undersigned student hereby acknowledges that I have read the accompanying notice describing the outdoor/recreational program of the WV GSMS and the associated risks. I have discussed the outdoor activities' risks with my parent(s)/guardian(s).		The undersigned parent/guardian hereby consents to my child's participation in the GSMS. I have read the accompanying notice describing the outdoor/recreational program of the WV GSMS and the associated risks. I assume personal responsibility for any costs of medical attention or injuries my child may sustain. I have discussed the outdoor activities' risks with my child.	
Please list any activities in which the student may <u>NOT</u> participate:			
<b>Signature of Student</b>		<b>Signature of Parent/Guardian</b>	
<b>Date</b>		<b>Date</b>	

Name: \_\_\_\_\_  
Last, First Middle

**WV GSMS - EMERGENCY CONTACT AND MEDICAL INFORMATION**

The information on this form is gathered to assist us in identifying appropriate care. Any changes of the information on this form after it is sent in should be provided to WV GSMS personnel upon your arrival. Provide complete information so that the WV GSMS can be aware of your needs. **Please notify the WV GSMS if this person is exposed to any communicable disease during the four weeks previous to arrival.**

**Emergency Contact #1**

Full Name	Relation to Student
Day Telephone	Evening Telephone

**Emergency Contact #2**

Full Name	Relation to Student
Day Telephone	Evening Telephone

**Family Physician**

Full Name	
Day Telephone	Evening Telephone

**Permission to Provide Necessary Treatment or Emergency Care**

As the legally recognized parent or guardian of the individual named above, by signature below, I hereby give authority and permission to the National Youth Science Foundation, its staff, the GSMS staff, the staff of the NRAO, and licensed medical professionals to obtain and provide necessary medical treatment, including, but not limited to, diagnostic X-rays, routine tests, and treatment, including hospitalization; to release any records necessary for medical or insurance purposes; to provide or arrange necessary related transportation for my child; to administer, as needed, the over-the-counter medications listed below (strike through any exceptions); and to copy this completed form (to accompany the participant on trips outside of our facility). I understand that every practical effort will be made to contact me or other parents or guardians of the participant if a medical emergency occurs. **I have also enclosed a copy of both sides of the medical insurance card that covers the individual named above.**

**Over-the-Counter Medications and indications:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Sunscreen, topically for sun exposure</li> <li>• Bug Repellant, topically</li> <li>• Maalox/Tums, for upset stomach</li> <li>• Milk of Magnesia, for constipation</li> <li>• Kaopectate, for diarrhea</li> <li>• Calamine/Anti-itch lotion, topically, for itch/contact dermatitis</li> <li>• Throat Bacitracin/Triple Antibiotic Ointment, topically, for wound care infection prevention</li> </ul> | <ul style="list-style-type: none"> <li>• Robitussin (Guifenesin), per weight/age dosing for cough</li> <li>• Benadryl (Diphenhydramine) oral, per directions for weight/age for rash/itch, rhinitis, sneezing, itchy eyes without acute asthma episode</li> <li>• Tylenol, per weight/age dosing, for pain, fever, headache</li> <li>• Motrin, per weight/age dosing, for pain</li> <li>• Throat Lozenge, for sore throat</li> <li>• Dramamine (Dimenhydrinate)/meclizine, for motion sickness</li> <li>• Epinephrine and Benedryl, for severe anaphylactic reaction</li> </ul> |
|--|---|

Signature of Student	Date	Signature of Parent/Guardian	Date
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**General Questions**

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?			15. Ever been diagnosed with a heart murmur?		
2. Have a chronic or recurring illness/condition?			16. Ever had back problems?		
3. Ever been hospitalized?			17. Ever had problems with joints? (e.g. knees, ankles)?		
4. Ever had surgery?			18. Have any skin problems?		
5. Have frequent headaches?			19. Have diabetes?		
6. Ever had a head injury?			20. Have asthma?		
7. Ever been knocked unconscious?			21. Had mononucleosis in the past 12 months?		
8. Wear eyeglasses, contacts, or protective eye wear?			22. Had problems with diarrhea/constipation?		
9. Ever had frequent ear infections?			23. Have problems with sleepwalking?		
10. Ever passed out during or after exercise?			24. If female, have an abnormal menstrual history?		
11. Ever been dizzy during or after exercise?			25. Have a history of bed-wetting?		
12. Ever had seizures?			26. Ever had an eating disorder?		
13. Ever had chest pain during or after exercise?			27. Ever had emotional difficulties requiring professional help?		
14. Ever had high blood pressure?					

**Please explain any "yes" answers, noting the number of the questions (attach additional pages as necessary).** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Immunizations** (Please fill out as completely as possible.)

Which of the following has the participant had?	Please give all dates of immunization for:							
	Vaccine:	Date:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
	DTP		_____	_____	_____	_____	_____	_____
Measles	TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
Chicken pox	Tetanus		_____	_____	_____	_____	_____	_____
German measles	Polio		_____	_____	_____	_____	_____	_____
Mumps	MMR		_____	_____	_____	_____	_____	_____
Hepatitis	or Measles		_____	_____	_____	_____	_____	_____
	or Mumps		_____	_____	_____	_____	_____	_____
	or Rubella		_____	_____	_____	_____	_____	_____
TB Test	Haemophilus influenza B		_____	_____	_____	_____	_____	_____
Date of last test	Hepatitis B		_____	_____	_____	_____	_____	_____
Result: Positive	Varicella (chicken pox)		_____	_____	_____	_____	_____	_____
Negative	BCG		_____	_____	_____	_____	_____	_____

**Physical Examination** (This portion to be filled out by a licensed health care provider prior to student's arrival at the GSMS.)

A check mark ( ) indicates "satisfactory." Please explain unsatisfactory categories – attach additional pages as necessary.

_____ Height	_____ Lungs	_____ General Appraisal
_____ Weight	_____ Abdomen	_____
_____ Blood Pressure	_____ Genitalia	_____
_____ Eyes	_____ Hernia	_____
_____ Ears	_____ Posture (spine)	_____ Recommendations and Restrictions:
_____ Nose	_____ Extremities	_____
_____ Teeth	_____ Skin	_____
_____ Throat	_____ Urinalysis Test	_____
_____ Heart	_____ Hemoglobin Test	_____

**Allergies** – List all known allergies, describe reaction, and describe management of the reaction

*Medication allergies*

*Food allergies*

*Other allergies* (Please include insect stings and environmental allergies)

**Medications being taken**

Please list ALL medications, including over-the-counter or non-prescription drugs, taken routinely. Bring sufficient amounts of medication to last the entire time at the GSMS. Keep it in the original package or bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Check one:

This person takes NO medications on a routine basis, or  
This person takes medications as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

(Attach additional pages for more medications.)

**This health history is correct and complete as far as I know.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



# National Radio Astronomy Observatory

## USE, WAIVER AND RELEASE AGREEMENT

### INDEMNIFICATION

In consideration for below minor being permitted by AUI/NRAO to use the Green Bank facilities which includes the use of its information, and services, I agree to the following waiver, release and indemnification:

The undersigned parent or guardian of the above minor, for himself/herself and on behalf of the said minor, hereby joins in the foregoing waiver and release and hereby stipulates and agrees to save and hold harmless, indemnify and forever defend the AUI/NRAO, their directors, officers, agents, employees and volunteers from and against any claims, actions, demands, expenses, liabilities (including reasonable attorney's fees) and NEGLIGENCE made or brought by said minor or by anyone on behalf of said minor, as a result of said minor's participation in the activities at the Green Bank site. I, for myself and on behalf of said minor, further agree not to sue AUI/NRAO as a result of any injury, paralysis or death that said minor suffers in connection with the use of the Green Bank facilities.

Signature of Parent, Guardian or Custodian \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Minor \_\_\_\_\_



# National Radio Astronomy Observatory

**USE, WAIVER AND RELEASE AGREEMENT**  
 Sign only one waiver per person or organization  
**PLEASE READ CAREFULLY BEFORE SIGNING,**  
**THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.**

In consideration for my being permitted by the National Radio Astronomy Observatory including its directors, officers, agents, employees and volunteers, to use the Green Bank facilities in West Virginia, I agree to the following waiver and release:

I acknowledge that risks, hazards and dangers cannot be entirely eliminated. I have considered the information provided to me by AUI/NRAO concerning the use of the Green Bank facilities. I also acknowledge that the AUI/NRAO has been available to more fully explain to me the risks, hazards and dangers of use of the facilities. I am voluntarily using the AUI/NRAO facilities with full knowledge of the inherent risks, hazards and dangers involved and hereby assume and accept any and all risks of injury, paralysis and death.

\_\_\_\_\_   
 please initial

Lastly, I, for myself, my heirs, successors, executors and subrogors, hereby KNOWINGLY AND INTENTIONALLY WAIVE, RELEASE, INDEMNIFY AND HOLD HARMLESS AUI/NRAO, its directors, officers, agents and employees and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including costs and reasonable attorneys fees) and ORDINARY NEGLIGENCE OF ANY KIND OR NATURE, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to me or my property as a result of my use of the Green Bank facilities, whether such damage, loss, injury, paralysis or death results from ORDINARY NEGLIGENCE of AUI/NRAO, its directors, officers, agents, employees and volunteers or from some other cause. I, for myself, my heirs, successors, executors and subrogors, further agree not to sue AUI/NRAO as a result of any injury, paralysis or death suffered in connection with my use of the Green Bank facilities. This release is intended to be a comprehensive release of liability but is not intended to assert defenses which are prohibited by law.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND AND VOLUNTARILY SIGN THIS USE, WAIVER AND RELEASE AGREEMENT.

Organization \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Use

Phone #

E-mail Address