

STEM FORENSICS ACADEMY

PARENT KIT (8 pages)

STEMiversity, Inc. is pleased to present its STEM Forensics Academy for middle and high school students.

DESCRIPTION

The STEM Forensics Academy is an all-science academic summer camp experience featuring hands-on instruction in forensic science. Local and nationally-recognized scientists will provide two weeks of engaging instruction that will inspire and enhance the knowledge of students who have an interest in science, technology, engineering, and math (STEM). Students will be exposed to chemistry and physics as it relates to forensic science and will have access to analytical instrumentation. This two-week, half-day (9 AM-1 PM) academy will take place on the campus of Central State Hospital in the Wilkes Building located at 578 Lawrence Road, Milledgeville, GA 31061.

REGISTRATION CHECKLIST

Registration for STEM Forensics Academy requires several forms for EACH student.

Please **PRINT** and complete all forms listed below, which have been included with this page:

- Application Forms, Essay, Teacher Endorsement
- Signed Waivers of Liability
- Assumption of Risk and Insurance Certification
- Permission for CAPS_ATL, LLC/STEMiversity Inc. to Administer Prescription Medication and Seek Medical Treatment Form
- Signed Safety Contract (*We have adapted Flinn Scientific's contract for your safety in/out of the lab.*)
- Signed Permission to Photograph/Video Form
- Academy fees

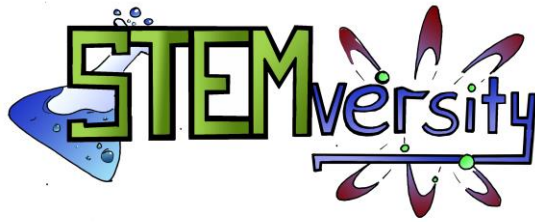
ACADEMY FEES

The fee is **\$300 per student**. Please include the name of the student(s) on your check. Please make check or money order payable to **STEMiversity**.

Please mail forms/fees to:

STEM FORENSICS ACADEMY
CAPS-ATL, LLC/STEMiversity Inc.
P.O. Box 1044
Milledgeville, GA 31059

If you have questions or concerns, please feel free to call us at (214) 869-8174 or e-mail at d.davis@capsatl.com.



RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE
(READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in athletic, educational, & recreational programs and activities, such as STEM Forensics Academy, involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of CAPS-ATL, LLC/STEMiversity Inc. (the "Institution") allowing the undersigned to participate in STEM Forensics Academy in connection therewith, and making available to the undersigned for his/her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the Institution, the undersigned participant does hereby waive liability, release and forever discharge the Institution, its members individually, its officers, agents, or employees from any and all demands, rights, and causes of action of any kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my child's (children's) voluntary participation in or in any way connected with STEM Forensics Academy.

I further covenant and agree that for the sole consideration stated above I will not sue the Institution, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of any act or failure to act, during my voluntary participation in STEM Forensics Academy.

I UNDERSTAND THAT THE ACCEPTANCE OF THIS RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE THE INSTITUTION OR ANY AGENT OR EMPLOYEE THEREOF, SHALL NOT CONSTITUTE A WAIVER, IN WHOLE OR IN PART, OF SOVEREIGN OR OFFICIAL IMMUNITY BY SAID MEMBERS, OFFICERS, AGENTS, AND EMPLOYEES.

This Release, Waiver of Liability, and Covenant Not to Sue shall remain in effect for as long as I am a participant in STEM Forensics Academy. Further, I understand that, if I am an employee or student at the Institution, this Release, Waiver of Liability, and Covenant Not to Sue shall be effective during the entire period of my enrollment or employment at the Institution. I further expressly agree that the foregoing waiver is intended to be as broad and inclusive as permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I ACKNOWLEDGE THAT I HAVE READ THIS RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE, FULLY, UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS. I ACKNOWLEDGE THAT I AM SIGNING THE AGREEMENT FREELY AND VOLUNTARILY, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

I certify that I am _____ years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

Print Name: _____ Signature: _____

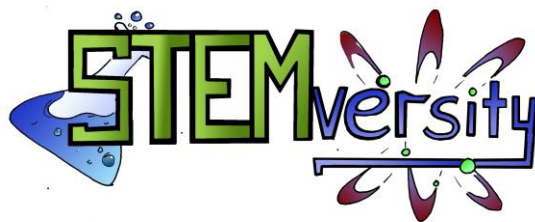
Date: _____ Witness: _____

Signature of parent/guardian (if under 18): _____

Print Name: _____

Address: _____

Phone: _____



**ATHLETIC, EDUCATIONAL, AND RECREATIONAL ACTIVITIES
ASSUMPTION OF RISK AND INSURANCE CERTIFICATION
(READ CAREFULLY BEFORE SIGNING)**

Many educational and recreational activities or athletic programs, such as STEM Forensics Academy, involve substantial risks of bodily injury, property damage, and other dangers associated with participation in such programs and activities. Dangers related to such activities include, but are not limited to, the following: bodily injury or property damage from broken glass, fume inhalation, gas burners, hazardous chemicals, and poisonous substances.

Each participant in STEM Forensics Academy should realize that there are risks and dangers inherent in it, and also in the training, participation for, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations, and training. A participant should also only participate in those activities for which he/she has been instructed to participate in by STEM Forensics Academy staff.

The undersigned acknowledges that CAPS-ATL, LLC/STEMiversity Inc. does not warrant or guarantee in any respect the competency or mental or physical condition of any Academy staff, vehicle driver, or individual participant in any STEM Forensics Academy activity. All participants of STEM Forensics Academy will be required to sign the attached Release, Waiver of Liability, and Covenant Not to Sue form.

I further expressly agree that the foregoing waiver is intended to be as broad and inclusive as permitted by the law of the State of Georgia, and that if any portion thereof is held invalid it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in STEM Forensics Academy, and that I am solely responsible for maintaining adequate health and accident insurance coverage for such costs. **I HAVE READ AND UNDERSTAND THIS NOTICE. I ACCEPT AND ASSUME ALL RISKS, HAZARDS, AND DANGERS RELATED TO MY PARTICIPATION IN STEM FORENSICS ACADEMY. I UNDERSTAND I MAY ELECT NOT TO PARTICIPATE IN ANY OR ALL ACTIVITIES.**

Print Name: _____ Signature: _____

Date: _____ Witness: _____

Signature of parent/guardian (if under 18): _____

Print Name: _____

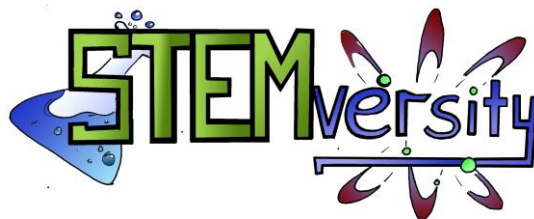
Address: _____

Phone: _____

Name of Medical Insurance Company: _____

Insurance Phone #: _____ Insurance Policy #: _____

Signature of Parent/Guardian (if under 18): _____



Permission to Administer Prescription Medication and Seek Emergency Medical Treatment

Medication should be administered by a parent or guardian before and/or after STEM Forensics Academy hours, when possible. Initial doses of a medication that a child has never taken before will not be given at STEM Forensics Academy. Medication that must be given at STEM Forensics Academy must be accompanied by this form, in the original labeled container provided by the pharmacist who filled the prescription. Please note students may not keep medication in their possession. Medication must be turned into STEM Forensics Academy staff, each day.

Child's Name:

Date of Birth:

Medication:	Dosage:
Purpose of Medication:	Route:
Time of day medication to be given at. Please provide specific time. (Lunch times vary)	Is child allergic to any food, medicines, or other items? List items.
Anticipate number of days medication will be given at STEM Forensics Academy: ____ Every day ____ Days	Note any special storage requirements.
Possible side effects:	
Health Care Provider's Name & Address:	
Health Care Provider's Phone Number:	

I give permission for my child, _____, to be given the above medication as prescribed. I understand that I am responsible for notifying STEM Forensics Academy if my child's medications change in any way.

I further authorize CAPS-ATL, LLC/STEMiversity Inc. to seek medical and/or surgical treatment which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance payments, if any, to be made directly to the medical facility. Accident/medical insurance coverage is not provided by the CAPS-ATL, LLC/STEMiversity Inc. I/we understand that I/we are responsible for medical expenses and/or insurance coverage.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Daytime Phone Number

Student Safety Contract

Adapted from FLINN SCIENTIFIC, INC.
"Your Safer Source for Science Supplies"

Purpose

Science requires hands-on laboratory activities. You will be doing many activities which require the use of materials and chemicals, many of which may be hazardous if not used properly. Safety in the science classroom is the #1 priority for students, teachers, and parents. To ensure a safe STEM Forensics Academy environment, a list of rules has been developed and provided to you in this student safety contract. These rules must be followed at all times. One copy of the contract is provided. A copy signed by both you and a parent or guardian must be submitted with your STEM Forensics Academy materials before you can participate. A second copy is to be kept in your STEM Forensics Academy notebook as a constant reminder of the safety rules.

General Guidelines

1. Conduct yourself in a responsible manner at all times in the laboratory.
2. Follow all written and verbal instructions carefully. If you do not understand a direction or part of a procedure, ask the instructor before proceeding.
3. Never work alone. No student may work in the laboratory without an instructor present.
4. When first entering a science room, do not touch any equipment, chemicals, or other materials in the laboratory area until you are instructed to do so.
5. Do not eat food, drink beverages, or chew gum in the laboratory. Do not use laboratory glassware as containers for food or beverages.
6. Perform only those experiments authorized by the instructor. Never do anything in the laboratory that is not called for in the laboratory procedures or by your instructor. Carefully follow all instructions, both written and oral. Unauthorized experiments are prohibited.
7. Be prepared for your work in the laboratory. Read all procedures thoroughly before entering the laboratory. Never fool around in the laboratory. **Horseplay, teasing, practical jokes, and pranks are dangerous and PROHIBITED.**
8. Observe good housekeeping practices. Work areas should be kept clean and tidy at all times. Bring only your laboratory instructions, worksheets, and/or reports to the work area. Other materials (books, purses, backpacks, etc.) should be stored in the classroom area.
9. Keep aisles clear. Push your chair under the desk when not in use.
10. Know the locations and operating procedures of all safety equipment including the first aid kit, eyewash station, safety shower, fire extinguisher, and fire blanket. Know where the fire alarm and the exits are located.
11. Always work in a well-ventilated area. Use the fume hood when working with volatile substances or poisonous vapors. Never place your head into the fume hood.
12. Be alert and proceed with caution at all times in the laboratory. Notify the instructor immediately of any unsafe conditions you observe.
13. Dispose of all chemical waste properly. Never mix chemicals in sink drains. Sinks are to be used only for water and those solutions designated by the instructor. Solid chemicals, metals, matches, filter paper, and all other insoluble

materials are to be disposed of in the proper waste containers, not in the sink. Check the label of all waste containers twice before adding your chemical waste to the container.

14. Labels and equipment instructions must be read carefully before use. Set up and use the prescribed apparatus as directed in the laboratory instructions or by your instructor.
15. Keep hands away from face, eyes, mouth and body while using chemicals or preserved specimens. Wash your hands with soap and water after performing all experiments. Clean (with detergent), rinse, and wipe dry all work surfaces (including the sink) and apparatus at the end of the experiment. Return all equipment clean and in working order to the proper storage area.
16. Experiments must be personally monitored at all times. You will be assigned a laboratory station at which to work. Do not wander around the room, distract other students, or interfere with the laboratory experiments of others.
17. Students are never permitted in the science storage rooms or preparation areas unless given specific permission by their instructor.
18. Know what to do if there is a fire drill during a laboratory period; containers must be closed, gas valves turned off, fume hoods turned off, and any electrical equipment turned off.
19. Handle all living organisms used in a laboratory activity in a humane manner. Preserved biological materials are to be treated with respect and disposed of properly.
20. When using knives and other sharp instruments, always carry with tips and points pointing down and away. Always cut away from your body. Never try to catch falling sharp instruments. Grasp sharp instruments only by the handles.

Clothing

21. Any time chemicals, heat, or glassware are used, students will wear laboratory goggles. There will be no exceptions to this rule!
22. Contact lenses should not be worn in the laboratory unless you have permission from your instructor.
23. Dress properly during a laboratory activity. Long hair, dangling jewelry, and loose or baggy clothing are a hazard in the laboratory. Long hair must be tied back and dangling jewelry and loose or baggy clothing must be secured. Shoes must completely cover the foot. No sandals allowed.
24. Lab aprons will be provided for your use, if necessary, and should be worn during laboratory activities.

Accidents and Injuries

25. Report any accident (spill, breakage, etc.) or injury (cut, burn, etc.) to the instructor immediately, no matter how trivial it may appear.
26. If you or your lab partner are hurt, immediately yell out "Code one, Code one" to get the instructor's attention.
27. If a chemical should splash in your eye(s) or on your skin, immediately flush with running water from the eyewash station or safety shower for at least 20 minutes. Notify the instructor immediately.
28. When mercury thermometers are broken, mercury must not be touched. Notify the instructor immediately.

Handling Chemicals

29. All chemicals in the laboratory are to be considered dangerous. Do not touch, taste, or smell any chemicals unless specifically instructed to do so. The proper technique for smelling chemical fumes will be demonstrated to you.

30. Check the label on chemical bottles twice before removing any of the contents. Take only as much chemical as you need.
31. Never return unused chemicals to their original containers.
32. Never use mouth suction to fill a pipet. Use a rubber bulb or pipet pump.
33. When transferring reagents from one container to another, hold the containers away from your body.
34. Acids must be handled with extreme care. You will be shown the proper method for diluting strong acids. Always add acid to water, swirl or stir the solution and be careful of the heat produced, particularly with sulfuric acid.
35. Handle flammable hazardous liquids over a pan to contain spills. Never dispense flammable liquids anywhere near an open flame or source of heat.
36. Never remove chemicals or other materials from the laboratory area.
37. Take great care when transferring acids and other chemicals from one part of the laboratory to another. Hold them securely and walk carefully.

Handling Glassware and Equipment

38. Carry glass tubing, especially long pieces, in a vertical position to minimize the likelihood of breakage and injury.
39. Never handle broken glass with your bare hands. Use a brush and dustpan to clean up broken glass. Place broken or waste glassware in the designated glass disposal container.
40. Inserting and removing glass tubing from rubber stoppers can be dangerous. Always lubricate glassware (tubing, thistle tubes, thermometers, etc.) before attempting to insert it in a stopper. Always protect your hands with towels or cotton gloves when inserting glass tubing into, or removing it from, a rubber stopper. If a piece of glassware becomes "frozen" in a stopper, take it to your instructor for removal.
41. Fill wash bottles only with distilled water and use only as intended, e.g., rinsing glassware and equipment, or adding water to a container.
42. When removing an electrical plug from its socket, grasp the plug, not the electrical cord. Hands must be completely dry before touching an electrical switch, plug, or outlet.
43. Examine glassware before each use. Never use chipped or cracked glassware. Never use dirty glassware.
44. Report damaged electrical equipment immediately. Look for things such as frayed cords, exposed wires, and loose connections. Do not use damaged electrical equipment.
45. If you do not understand how to use a piece of equipment, ask the instructor for help.
46. Do not immerse hot glassware in cold water; it may shatter.

Heating Substances

47. Exercise extreme caution when using a gas burner. Take care that hair, clothing and hands are a safe distance from the flame at all times. Do not put any substance into the flame unless specifically instructed to do so. Never reach over an exposed flame. Light gas (or alcohol) burners only as instructed by the teacher.
48. Never leave a lit burner unattended. Never leave anything that is being heated or is visibly reacting unattended. Always turn the burner or hot plate off when not in use.
49. You will be instructed in the proper method of heating and boiling liquids in test tubes. Do not point the open end of a test tube being heated at yourself or anyone else.
50. Heated metals and glass remain very hot for a long time. They should be set aside to cool and picked up with caution. Use tongs or heat-protective gloves if necessary.

51. Never look into a container that is being heated.
52. Do not place hot apparatus directly on the laboratory desk. Always use an insulating pad. Allow plenty of time for hot apparatus to cool before touching it.
53. When bending glass, allow time for the glass to cool before further handling. Hot and cold glass both have the same visual appearance. Determine if an object is hot by bringing the back of your hand close to it prior to grasping it.

Questions (circle one)

54. Do you wear contact lenses?
 _____ YES _____ NO
55. Are you color blind?
 _____ YES _____ NO
56. Do you have allergies?
 _____ YES _____ NO
- If so, list specific allergies _____

Agreement

I, _____
 (student's name) have read and agree to follow all of the safety rules set forth in this contract. I realize that I must obey these rules to insure my own safety, and that of my fellow students and instructors. I will cooperate to the fullest extent with my instructor and fellow students to maintain a safe lab environment. I will also closely follow the oral and written instructions provided by the instructor. I am aware that any violation of this safety contract that results in unsafe conduct in the laboratory or misbehavior on my part, may result in being removed from the laboratory, detention, receiving a failing grade, and/or dismissal from the course.

Student Signature _____

Date : _____

Dear Parent or Guardian:

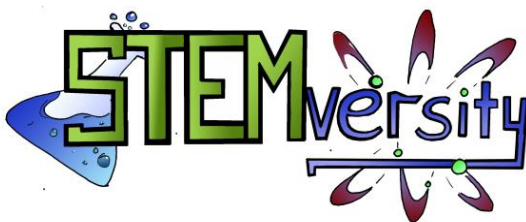
We feel that you should be informed regarding the schools effort to create and maintain a safe science classroom/laboratory environment. With the cooperation of the instructors, parents, and students, a safety instruction program can eliminate, prevent, and correct possible hazards.

You should be aware of the safety instructions your son/daughter will receive before engaging in any laboratory work. Please read the list of safety rules above. No student will be permitted to perform laboratory activities unless this contract is signed by both the student and parent/guardian and is on file with the teacher.

Your signature on this contract indicates that you have read this Student Safety Contract, are aware of the measures taken to insure the safety of your son/daughter in the science laboratory, and will instruct your son/daughter to uphold his/her agreement to follow these rules and procedures in the laboratory.

Parent/Guardian Signature

 Date: _____
 Parent / Guardian e-mail: _____



PERMISSION TO PHOTOGRAPH/VIDEO

Do you give permission for CAPS-ATL, LLC/STEMiversity Inc. to use STEM Forensics Academy photos/video involving the student for advertisement and publication (journal articles, professional presentations) purposes only?

For valuable consideration received, I hereby give CAPS-ATL, LLC/STEMiversity Inc., the absolute and irrevocable right and permission, with regards to the photographs that it has taken of my child or in which they may be included with others:

- A. To copyright the same in its own name or any other name that he may choose.
- B. To re-use, publish, and republish the same in whole or in part, individually or in conjunction with other photographs/video, in any medium and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising, and trade.
- C. To use my child's first name in connection therewith if it so chooses.

I HEREBY RELEASE AND DISCHARGE CAPS-ATL, LLC/STEMiversity Inc., FROM ANY AND ALL CLAIMS AND DEMANDS ARISING OUT OF OR IN CONNECTION WITH THE USE OF THE PHOTOGRAPHS, INCLUDING ANY AND ALL CLAIMS OF LIBEL. THIS AUTHORIZATION AND RELEASE SHALL ALSO ENSURE TO THE BENEFIT OF THE LEGAL REPRESENTATIONS, LICENSES AND ASSIGNS OF CAPS-ATL, LLC/STEMiversity AS WELL AS, THE PERSON(S) WHO TOOK THE PHOTOGRAPHS/VIDEO.

_____Yes _____No

I am over the age of twenty-one. _____ YES _____ NO

I have read the foregoing and fully understand the contents thereof. _____ YES _____ NO

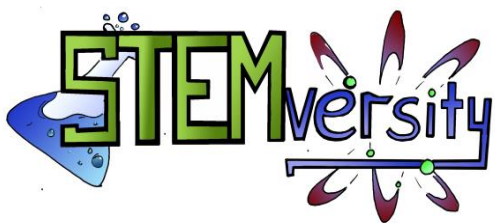
Name of Student _____

Name of Parent _____

Address _____

Signature of Parent/Guardian _____ Date _____

Witness _____



THINGS TO TAKE TO STEM FORENSICS ACADEMY

Thank you for choosing STEM Forensics Academy this year. We know that you will enjoy science and have fun at the same time. Snacks and water will be provided.

Location

Students will meet daily at the Wilkes Building on the campus of Central State Hospital. The Wilkes Building is located at 578 Lawrence Road. If there is a different drop-off/pick-up location, parents will be notified.

Academy Pick-Up/Drop-Off Policy

Academy Time: 9:00 am - 1:00 pm

Drop-off Time: no earlier than 8:45 am

Pick up Time: no later than 1:15 pm

First violation of pick-up/drop-off time: \$20 fee; second violation: dismissal from Academy

Items to Bring:

1. medicines in a zip-lock bag with clear instructions
2. a change of clothes including socks
3. close-toed shoes
4. bug spray
5. sunscreen
6. any last minute documents
7. curiosity and a positive attitude

Do Not Bring:

1. medicines electronic games
2. cellular phones
3. electronic devices (iPADs, iPods, etc.), beepers, pagers,

Required Clothing:

1. Long pants are required for safety; long skirts are acceptable but the hem line must be well below the knees, closer to the ankles. *Legs must be covered!*
2. An old long sleeved shirt is required to use as a lab jacket while in the lab
3. Closed-toed shoes

Do Not Wear:

1. open-toed shoes
2. flip-flops
3. belly shirts
4. halter tops
5. shorts

Policies

DISCIPLINARY POLICY - ZERO TOLERANCE: STEM Forensics Academy students who do not follow the rules will not be allowed to complete the Academy.

CAPS-ATL, LLC/STEMiversity Inc. will not be held responsible for misplacement or theft of any participants' personal items.

Some Rules (others will be highlighted daily)

1. Participants must wear goggles when working in the science laboratories.
2. No horsing around, teasing during lab/instruction time Academy. There will be break time during the day.