

Concord University Code of Conduct Form

Participants are expected to demonstrate positive attitudes and behaviors throughout every day. The following code of conduct outlines the desired behaviors to ensure the safest and best learning environment possible. Staff will fairly and reasonably implement this code of conduct.

Code of Conduct

1. Respect the rights and properties of yourself and others – (staff, instructors, and peers)
2. Follow all set rules established by Upward Bound and Concord University
3. Use program equipment, supplies, and facilities properly
4. Stay with my group in the designated areas at all times
5. Communicate in a polite manner demonstrating reverence

The following behaviors will not be tolerated:

- 1 Usage of language that is offensive to any person or groups
2. Any type of aggressive behavior that results in physical and/or emotional harm to another person
3. Vandalizing any property of others, Upward Bound and/or Concord University
4. Reckless behavior that is potentially dangerous to yourself or others
5. Leaving Concord University boundaries without permission from the appropriate staff

Student

By signing below, you acknowledge that you alone are responsible for your own actions. I accept that my parents/guardians will be notified if I do not comply with the code of conduct, and hereby state that I fully understand that repeated irresponsible conduct will result in dismissal from the Upward Bound Summer Program.

Student Name: _____

Student Signature: _____

I understand this is a legal representation of my signature.

Date: _____

Parent

By signing below, you acknowledge the expectations presented before the code of conduct, and agree that the appropriate disciplinary action should be implemented if your child demonstrates irresponsible, dangerous behaviors.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

I understand this is a legal representation of my signature.

Date: _____

**Upward Bound
Transportation/Permission Form
Summer Program**

I, _____ parent/guardian of _____ give permission for my son/daughter to travel to and from Concord University for program activities with the following individuals/students/parents/guardians.

Signature of Parent/Guardian _____
I understand this is a legal representation of my signature.

Date _____

**Concord University Upward Bound
Summer Medical Form**

Student Name: _____

Student Address: _____

Parent Phone #: _____ Parent Mobile #: _____

Person to contact if parent cannot be reached: _____

Phone Number: _____ Relationship: _____

Child's health insurance coverage ~

Policy Type: _____ Insurance Company Name: _____

Policy Number: _____ Expiration Date: _____

Does the child have a physical condition that would limit participation in UB summer activities?

Yes _____ No _____ (If yes, please describe the condition.)

Does the child have any allergies to Foods, Drugs & Substances? Yes _____ No _____ (If yes, please list or describe the allergies.)

What should be done if experiencing a reaction?

Is the child presently under a physician's care? Yes _____ No _____ (If yes, then list the condition)

What medication if any is the child taking for the above condition?

Doctor's name: _____ Doctor's Phone number: _____

Parent/Guardian Signature

Date

I understand this is a legal representation of my signature.

STUDENTS NAME: _____

The COVID-19 pandemic presents potential health and safety risks to all individuals. The University & Upward Bound has undertaken extraordinary steps to mitigate the risks and make the campus experience safer for faculty, staff, students, and other participants in UB activities.

RISK FACTORS

The undersigned understands that it is an assumed risk that faculty, staff, students, volunteers, and/or event participants may face exposure to a communicable disease, which may include COVID-19. Individuals may come in close contact with an individual who is infected. Individuals are therefore urged to take all reasonable safety precautions including wearing of facemasks/face coverings, social distancing, proper handwashing, and cleaning and disinfecting.

WAIVER

The undersigned hereby releases, waives, indemnifies, and holds Concord University & UB and all of its officers, directors, employees, and agents (hereinafter jointly referred to as "indemnitee") harmless from any and all claims, causes of action, suits, liability, losses, or damages for any illness, personal injury, death or other loss arising from or relating to the undersigned's coming to campus during the coronavirus pandemic.

REPRESENTATIVES The undersigned enters into this agreement for him/herself, his/her heirs, assigns and legal representatives.

INSURANCE

The undersigned understands that the undersigned will be solely responsible for any medical, health or personal injury costs relating to undersigned's use of the property, facilities and/or services if the undersigned comes onto campus for any purpose during the COVID-19 pandemic.

JURISDICTION

This Agreement shall be governed in all respects by the laws of the State of West Virginia, and West Virginia is the statutory jurisdiction for any suits brought by either party hereunder.

SEVERABILITY

If any term, clause, or provision of this Waiver and Release from Liability is held to be illegal, invalid or unenforceable, then the remainder of this Agreement, or the application of such term, clause or provision other than to those as to which it is held illegal, invalid or unenforceable, shall not be affected thereby, and each term, clause or provision of this Waiver and Release from Liability and the application thereof shall be legal, valid and enforceable to the fullest extent permitted by law.

ACKNOWLEDGMENT

The undersigned has read and fully understands this waiver and release and realizes it relates to surrendering and releasing valuable legal rights and does so freely and voluntarily. Please sign your name and date in the space below.

Consent and Release on Behalf of Minor

I am the parent or legal guardian of the above-named minor. I have read and understand the agreement and realize it relates to surrendering valuable legal rights of the minor and myself. I agree to be bound by all the terms of the agreement. I also give my consent to the participation in the activity of the minor.

PARENT NAME: _____

PARENT SIGNATURE: _____ DATE: _____

I understand this is a legal representation of my signature.

STUDENT OVER 18 SIGNATURE: _____ DATE _____

I understand this is a legal representation of my signature.