

## Release Form for Media Recording



I, the undersigned, do hereby consent and agree that Old Dominion University, its employees, or agents have the right to take photographs, videotape, or digital recordings of \_\_\_\_\_ during the Summer Camp and to use these in any and all media, now or hereafter known. I further consent that the name and identity of \_\_\_\_\_ may be revealed therein or by descriptive text or commentary.

I do hereby release to Old Dominion University, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

**Parent/Guardian's Signature:**

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**Date:**

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# 2017 ODU “Cybersecurity + Computer Programming” Summer Camp

## Medical Release Form

TO WHOM IT MAY CONCERN:

This is to certify that I, \_\_\_\_\_ as the parent and/or guardian of

\_\_\_\_\_, hereby grant permission to the staff of summer camp to obtain medical care, at my expense, from any licensed physician, hospital or medical clinic, for the student named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall and does hereby waive, release, absolve, indemnify, and agree to hold harmless Old Dominion University, for any and all claims arising out of an injury to the student.

**Parent/Guardian's Signature:** \_\_\_\_\_

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

## Risk Management Waiver Form

### CONSENT, WAIVER, RELEASE AGREEMENT

I, the undersigned \_\_\_\_\_, allow my child/student \_\_\_\_\_ to participate in the ODU "Cybersecurity + Computer Programming" summer camp, I do hereby release and discharge OLD DOMINION UNIVERSITY and/or the summer camp representatives from any and all damages on account of any injuries or illnesses sustained to my child/student while engaged the summer camp Program at OLD DOMINION UNIVERSITY and/or off campus, whether related or not to the activity enumerated above. I understand the risk of injury may be physical or emotional. This agreement *shall* constitute a bar of any recovery by the undersigned individually or brought for an on behalf of the child/student, and said agreement may be urged and used by OLD DOMINION UNIVERSITY and/or its representatives as a bar to any recovery by the undersigned or by the child/student in any suit or claim instituted on account of any injury or illness sustained by the undersigned while engaged in the volunteer programs of OLD DOMINION UNIVERSITY.

### HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_ the undersigned, release and discharge OLD DOMINION UNIVERSITY and/or its representatives from any and all liability from any and all claims or damages from any accident or illness sustained to or by my child/ student while engaged in the summer camp Program of OLD DOMINION UNIVERSITY. I agree to hold harmless and indemnify OLD DOMINION UNIVERSITY and/or its representatives against any loss, damages, or cost of whatsoever nature including expenditure of attorneys' fees which may be suffered as a result of any action, claim, or demand by me or my child/student or my heirs, by me, my heirs, successors, or assigns, or by any other person on his/her own behalf or for the benefit of me or my child/student.

### LOSS/DAMAGE ACKNOWLEDGEMENT

I, \_\_\_\_\_ the undersigned, will reimburse OLD DOMINION UNIVERSITY for any damage to the University's property or loss of University's property for which the above named participant is deemed responsible.

### MEDICAL RELEASE FORM AND INDEMNITY AGREEMENT

I, \_\_\_\_\_ hereby acknowledges that as a part of the summer camp, there is the possibility that my child/student may need to receive medical attention due to illness, injury or accident. I understand that OLD DOMINION UNIVERSITY or its representatives will make a reasonable effort to contact me (parents/guardians) in the event of illness, injury or accident to my child/student based on the circumstances. In the event that OLD DOMINION UNIVERSITY, or its representatives are not able to contact me (parent/guardian), or if the need for medical care appears to be immediate, then I instruct and authorize the ODU and its representatives to consent to and authorize reasonable and necessary medical treatment for my child/student. I further agree to release OLD DOMINION UNIVERSITY, and *its* representatives from any liability *for* their efforts to secure reasonable and necessary medical treatment for my child/student as stated above. I, the undersigned, shall assume full responsibility for all medical bills, including doctor and/or hospital bills incurred by my child/student that are not covered by the OLD DOMINION UNIVERSITY *Policy*. I further agree to reimburse OLD DOMINION UNIVERSITY and its representatives, and/or any other *agents*, employees, sponsors, or volunteers of OLD DOMINION UNIVERSITY who may incur such expenses in the treatment of the accident or illness of my child/student. **By signing below, I acknowledge that I have read and understand the Risk Management Waiver Form and do hereby agree to all its terms and conditions.**

Signature of Parent (Guardian) \_\_\_\_\_ Date \_\_\_\_\_

### Teacher Recommender and Contact Information

Please print teacher's name	Signature of Teacher	Date	Phone No.

### 1-2 paragraph short essay explaining why you are interested in computer security:

### Please tell us how you found out about the workshop:

- Email from Old Dominion University
- Friends or teachers in your school
- Social Media
- Other \_\_\_\_\_

### Can you attend every day of the camp from Monday through Friday?

- Yes
- No, please explain it. \_\_\_\_\_

Mail or Email your application form to:

Dr. Wu He  
Strome College of Business  
Constant Hall 2022  
Old Dominion University  
Norfolk, VA 23529  
**Email: [whe@odu.edu](mailto:whe@odu.edu)**  
Phone: (757)683-5008

*The registration will close on **June 2, 2017**. Notifications of acceptance to the camps will be made no later than **June 10, 2017**.*