



The University of Akron  
College of Engineering

# IDEAs Engineering Shadowing

## Student Application Form

STUDENT'S NAME \_\_\_\_\_  
first middle last

ADDRESS \_\_\_\_\_  
street address or PO box city zip code

CONTACT INFORMATION \_\_\_\_\_  
phone (day time) email address

CURRENT HIGH SCHOOL \_\_\_\_\_

GRADE \_\_\_\_\_ GPA \_\_\_\_\_

ETNNICITY \_\_\_\_\_ GENDER \_\_\_\_\_

**On a separate paper, please let us know why you should be chosen to participate in the IDEAs Engineering Shadowing and how you expect to benefit from it. Please also indicate engineering majors that you might be interested.**

I would like to shadow an engineering students on (choose one day)

1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ 3<sup>rd</sup> choice: \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

GUARDIAN/PARENT's NAME \_\_\_\_\_

GUARDIAN/PARENT's SIGNATURE \_\_\_\_\_

Please send this application form to Dr. Julie Zhao:

E-mail: [zhao1@uakron.edu](mailto:zhao1@uakron.edu)

Fax: 330-972-5162

Mailing Address: College of Engineering, The University of Akron, Akron, OH 44325-3901

For more information, please call 330-972-2823.

**REQUEST TO PARTICIPATE  
AND AGREEMENT TO RELEASE AND INDEMNIFY**

NAME: \_\_\_\_\_ QTR/YR: \_\_\_\_\_

ACTIVITY DESCRIPTION/COURSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In consideration for being granted the opportunity to participate in the activity described above, arranged by The University of Akron, I, for myself, my executors, administrators, heirs and assigns, release and forever discharge The University of Akron, its Board of Trustees, its officers, employees and agents from and against any and all claims for loss, damage, injury or cost, and any action whatsoever, including but not limited to those based on negligence, which arise out of my participation in this activity, except for those claims that result solely from the negligence of The University of Akron. I understand that this Request and Release means, among other things, that I am giving up my right to sue The University of Akron for any such loss, damage, injury or cost that I may incur.

I represent to the University that I am physically capable of participating in these events. If I have had any questions about the activity's content, nature, risks or hazards, I have contacted the activity's coordinator and/or instructor and have discussed those questions with him/her to my satisfaction. I understand that participation in this program is not required for a degree or academic credit at The University of Akron. I attest and verify that I have full knowledge that my participation in this activity may require travel by automobile or otherwise to locations away from the campus of The University of Akron and I also have full knowledge that my participation may require exposure to physical activity involving risks that might result in injury. I certify that I currently do/do not (circle one) have health and accident insurance and my insurer is:

\_\_\_\_\_. I give consent for emergency medical treatment that I might require. In case of emergency, please contact \_\_\_\_\_ (include telephone number).

I represent and certify that my true age is at least 18 years old. **I have read this entire Release, I fully understand it, and I agree to be legally bound by it.**

Participant's Name (Please Print): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Release

In consideration for my child/guardian being granted the opportunity to participate in the activity described on the reverse of this page, arranged by The University of Akron, I, for myself, my executors, administrators, heirs and assigns, and for my child and my child's executors, administrators, heirs and assigns, release and forever discharge The University of Akron, its Board of Trustees, its officers, employees and agents from and against any and all claims for loss, damage, injury or cost, and any action whatsoever, including but not limited to those based on negligence and that I might have myself or could bring on my child's behalf, which arise out of my child's participation in this activity, except for those claims that result solely from the negligence of The University of Akron. I understand that this Release means, among other things, that I am giving up my right to sue The University of Akron, its Board of Trustees, officers, employees and agents for any such loss, damage, injury or cost that my child or I may incur.

If I have had any questions about the activity's content, nature, risks or hazards, I have contacted the activity's coordinator and/or instructor and have discussed those questions with him or her to my satisfaction. I hereby attest and verify that I have full knowledge that my child's participation may require travel by automobile or otherwise to locations off the campus of The University of Akron and may involve exposure to risk of personal injury or damage to property.

I certify that I currently do/do not (circle one) have health and accident insurance that covers my child and my insurer is: \_\_\_\_\_ . I give consent for emergency medical treatment that my child might require. In case of emergency, please contact: \_\_\_\_\_  
(include telephone number).

**I represent that my true age is at least 18 years of age and that I am the parent/legal guardian for the child named. I have read this entire agreement to release and indemnify, I fully understand it, and I agree to be legally bound by it.**

Child's Name: \_\_\_\_\_

Parent or Legal Guardian's Name: (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

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

Parent or Legal Guardian's Signature