



STUDENT REGISTRATION PROCESS:

- Step 1:** Review the workshops below and rank order them with 1 being your most desired workshop to 6 being your least. If you do not rank order the workshops, they will be selected for you.
- Step 2:** Complete the form at the bottom and have your parents sign acknowledging their permission for your attendance.
- Step 3:** Complete the General Waiver and Release Form on the reverse side of this form and have your parents sign it as well.
- Step 4:** Return both the Registration Form and the General Waiver and Release Form to your teacher as soon as possible. The deadline to submit your form is **September 18th**. Space is limited this year and registrations are accepted on a first-come, first-serve basis.

Place numbers 1-5, with number 1 as your top preference, in the boxes below. (1 being the most desired, 5 being the least)

- WORKSHOP #1 Build Your Own Simon Game with SparkFun Electronics**
- WORKSHOP #2 Challenger**
- WORKSHOP #3 Who Done It? (CSI/Forensics Murder Mystery)**
- WORKSHOP #4 Heart Lab with Denver Museum of Nature and Science**
- WORKSHOP #5 YWIST; HerWorld Apprentice**

Return registration to your teacher or counselor by September 18, 2009. Please print in dark ink.

First Name	Last Name	Grade
High School	Name of Teacher/Counselor	
Parent/Guardian Name	Home Phone	
Home Address		
City	State	Zip
Email Address	Cell Phone	
Parent Signature		

I authorize DeVry Inc. to release and/or use photographic likeness of me and information regarding my involvement in Young Women in Science and Technology newspapers, high school publications, and in promotional and informational materials DeVry publishes.

Release Signature	Date
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For additional information, contact Sheila Scott at: ph: (303)280-7570, email: scott@devry.edu, fax: (303)280-7545, address: 1870 W. 122nd, Westminster, CO 80234.



WAIVER OF LIABILITY AND RELEASE

I acknowledge that participation in certain recreational, professional, or off-campus programs and activities and associated travel involves an inherent risk of injury, and I expressly and unconditionally assume all such risks and dangers, known or unknown, foreseen or unforeseen, relating or incidental to my participation in any such programs, activities, or travel. These programs and activities include but are not limited to intramural athletics, outdoor recreation, University-sponsored events, team-building activities, career fairs, retreats, educational or industry-related conventions, meetings, or other gatherings, and individual recreational, educational, professional, or industry-related activities in which the University has made available any equipment, facilities, transportation, grounds, or personnel for such programs or activities (the "Activities"). I hereby agree that in consideration of my being permitted by the University to participate in these Activities, I hereby release, forever discharge, hold harmless, and indemnify DeVry University, Inc., its members individually, and its parents, subsidiaries, affiliates, officers, shareholders, agents, and employees, and the DeVry Student Activities Association ("DSAA") and its members individually, of any and from all claims, demands, liabilities, costs, damages, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, damage to property, and the consequences thereof, resulting from my participation in or in any way connected with or incidental to the Activities.

I represent and warrant to University that I have adequate personal insurance coverage to participate in the Activities, and I understand and agree that such personal insurance shall apply primarily to all claims, demands, liabilities, costs, damages, rights and causes of action of whatever kind of nature arising out of the Activities.

I represent and warrant that I have advised the University of any allergies or conditions which may affect my participation in the Activities. I understand that over-the-counter medication or first aid may be made available during the course of the Activities, and I assume all responsibility for my consumption of any such medication or first aid, and understand that I do so at my own risk.

I understand that the acceptance by the University of this Waiver of Liability and Release shall not constitute a waiver in whole or in part of the sovereign immunity of said University, DSAA, its members, its officers, agents and employees.

If any provision of this Waiver of Liability and Release shall for any reason be held invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision hereof and this Waiver of Liability and Release shall be construed as if such invalid or unenforceable provision were omitted. This Waiver of Liability and Release shall be governed by the laws of the State of Illinois. The parties agree this is the entire agreement, and no other agreement, whether written or oral, exists outside of this Waiver of Liability and Release.

The waiver and release granted by me is legally binding and shall be considered irrevocable. It is further agreed that this waiver and release is to be binding on my heirs and assigns.

I hereby certify, warrant, represent, agree and covenant to the University that I am fully capable of participating in the Activities, I am entering into this Waiver of Liability and Release voluntarily, by my own free will, act and deed, without any undue influence from University or any other third party, and I am 18 years old or older.

I have read the above carefully before signing. The undersigned, by signing below, hereby certifies that she/he has read and fully understands the conditions herein provided.

_____	_____
Event Description and Location	Date(s)
_____	_____
Participant's Name (Please Print)	Date
_____	_____
Participant's Signature	Date
_____	_____
Coordinating Staff Signature (Witness)	Date