

GE Girls at Northeastern Application

Student Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Grade you will enter in the fall: _____

What School Will you be Attending in the Fall? _____

Circle T-Shirt Size: Youth M / Youth L / Adult S / M / L / XL

Will you be able to attend each day of the program? Y / N

If no, please explain any special circumstances _____

Optional: Any relatives/ Friends at Northeastern? _____ at GE? _____

Why do you wish to attend this program?

Write a short paragraph. You may attach a separate sheet.

Student Pledge

I understand that I am expected to be on my best behavior while attending this program. I am expected to treat members of staff and fellow students with respect and courtesy. I understand that if my behavior disrupts the program or is deemed inappropriate by staff, I may be asked to leave the program.

Student Signature

Date

GE Girls at Northeastern Application

Parental Permission and Medical Consent Form:

I grant permission for my child _____, to participate in all the GE Girls at Northeastern Program activities (the "Program") for the duration of the program.

Medical Information:

Child's Physician (Name/Phone): _____

Health Insurance Provider:

Health issues that might impact health or safety of the student:

Allergies (animals, latex, food, medications, other):

Dietary restrictions: _____

Medications your child will take during the Program: _____

Photography demonstrations conducted at Northeastern will include flashing strobe lights, which may cause seizures in certain individuals. Does your child have any known problems with strobe lights? **Yes / No**

I understand that my child is expected to be on her best behavior while attending this program. All participants are expected to treat members of staff and fellow students with respect and courtesy. I understand that if my child's behavior disrupts the program or is deemed inappropriate by staff, my child may be asked to leave the program.

I understand that I am expected to drop off and pick up my child at the designated times and locations (her local middle school), and communicate alternate travel plans. Northeastern, GE and school staff will not be responsible for students beyond program hours.

I understand that there are risks for a minor to attend a program on a college campus, which is otherwise an adult environment. Students will walk around campus and may witness media or demonstrations that are directed at an adult audience. Students may work with dangerous tools such as power tools, utility knives, hot glue guns, and electricity.

In case of an injury to my child while participating in the Program, I grant permission for my child to receive medical attention deemed necessary, by qualified medical personnel, during the entire time that she is participating in the Program. I understand that Northeastern will try to notify me in the event of an accident or injury, which may require emergency care. If I cannot be contacted, permission is hereby granted to Northeastern Program staff to seek medical attention for my child. I understand that I will be responsible for any medical charges incurred in the treatment of my child, in the case of an emergency, that are not covered by my family's health insurance.

Signature of Parent or Guardian

Date

GE Girls at Northeastern application

Image and Media Consent and Release:

In consideration of the opportunity for my child, _____, to participate in the 2017 GE Girls at Northeastern (the "Program"), I, the undersigned, give my permission for and grant Northeastern, through their respective employees or authorized agents (the "Authorized Organizations"), the irrevocable right to:

1. Interview my child and/or record his/her participation in the Program and appearance on video tape, audio tape, film, photograph or any other media, whether now known or hereafter existing (the "Recordings").
2. Use her/his name, likeness, and/or voice in connection with the Recordings and in keeping with the respective policies and mission statements of the Authorized Organizations.
3. Use, reproduce, distribute, publicly display and/or publicly perform, either electronically or by any other media whether now known or hereafter existing, and to allow others to do the same, my child's name, likeness or voice, the Recordings, in whole or in part worldwide, without restrictions or limitations, in perpetuity, for any purpose, including without limitation, promotional, educational or commercial use.

I agree to make no accounting, monetary or other claim against the Authorized Parties for use of my child's name, likeness or voice, or the Recordings and release and forever discharge the Authorized Organizations and their respective trustees, officers, employees, students and agents from any liability to me, and on behalf of my heirs, executors, administrators, legal representatives and assigns, based on or arising out of use of my child's name, likeness or voice, or the Recordings.

Signature of Parent or Guardian

Date



GENERAL CONSENT AND RELEASE (this "General Release")

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, as a material inducement for the Minor's (as defined below) attendance and participation in General Electric Capital Corporation and its affiliates (including General Electric Company), divisions, subsidiaries, licensees, agents, successors and assigns (collectively "GE") events, meetings and activities (the "Program Events"), I agree as follows:

1. I certify that I am the parent or guardian of _____ (the "Minor") with the legal right to grant the permissions included herein. (This agreement must be executed by a parent or guardian of the Minor.)
2. I hereby grant my authorization and consent for GE to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor (the "Authorization and Consent"). If the injury or illness is life threatening or in need of emergency treatment, I authorize GE to summon any and all professional emergency personnel to attend, transport, and treat the Minor and to issue consent for any X-Ray, anesthetic, blood transfusion, medication, or other medical diagnosis treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume any financial responsibility of all expenses of such care. I understand that this Authorization and Consent is being given in advance of any such medical treatment, but is given to provide authority and power on the part of GE, in the exercise of their best judgment, upon the advice of any such medical or emergency personnel.
3. I hereby give and grant to GE the perpetual, worldwide, irrevocable right to use, publish and display the Minor's name, biographical material, voice, verbal statements, image, likeness, appearance and/or performance in any and all advertising and marketing materials GE deems acceptable (the "Materials") in all media and in all forms, now known or later developed, including, but not limited to, print, video, audio, television or the internet, for any business purposes of GE, including for any internal or external public relations, promotion, advertising, media, or commercial activities by GE, without any limitation whatsoever to further compensation to me or the Minor.
4. I agree that all Materials are owned by GE, and that GE may copyright the same, and I release any rights I may have with respect to the Materials. If I obtain a copy of any or all of the Materials, I shall not authorize their use by anyone else.
5. I agree that the Materials need not be submitted to me for any further approval and that GE shall be without liability to me for any edits, distortion or illusionary effect resulting from the use or publication of the Materials.
6. I agree to allow General Electric Capital Corporation and/or its affiliated representatives to maintain professional contact with the Minor for outreach and professional enrichment purposes. I also understand that this contact may continue beyond the timeframe of the Program Events; however, the conduct of General Electric Capital Corporation and/or its affiliated representatives shall continue to follow the terms included herein in perpetuity.
7. I hereby grant a general release and forever discharge and hold harmless GE from any and all liability (the "Release of Liability"), for any and all manner of actions, causes of actions, suits, sums of money owed as a result of a judgment or refund, covenants, contracts, controversies,

agreements, promises, damages, extents, claims and demands, whatsoever, in law or in equity, that result from actions of the parties named herein or any third parties, including but not limited to direct, indirect, special, consequential or liquidated claims, several or otherwise, past, present or future, which can or may ever be asserted as a result of any injuries or damages, physical or mental, sustained by the Minor, or any property of whatever kind, while the Minor participates in the Program Events.

8. Nothing herein shall constitute any obligation on GE to make any use of any of the rights set forth herein.
9. I warrant and represent that the rights granted herein do not in any way conflict with any existing commitment on my part to other parties.
10. I acknowledge that this General Release shall be governed by the laws of the State of Massachusetts, without giving effect to its conflict of laws or provisions, and constitutes the entire agreement between myself and GE with respect to the Authorization and Consent, the Materials and the Release of Liability.

This General Release is acknowledged and agreed to as of the date set forth below.

Signature of Parent or Guardian:



Northeastern University
Consent to Participate & Release of Liability

PARTICIPANT'S NAME: _____ AGE: _____

STREET ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

ACTIVITY: GE Girls Summer Program at Northeastern DATE(S) OF ACTIVITY: 7/10 – 7/14/17

I, the undersigned (or parent/guardian, if Participant is under the age of 18) understands that this is a legally binding Release of Northeastern University

I/We request permission to participate in the GE Girls Program. In consideration of being granted this permission, I/We agree as follows:

1. Voluntary Activity. I understand and agree that participation in this Activity is purely voluntary and is not required by Northeastern University.
2. Release of Liability. I/We, on behalf of myself/the Participant, the family heirs, personal representatives, guardians, successors, and assigns (all of whom are referred to as "Releasers"), hereby release Northeastern University, its Administrators, Faculty, Trustees, Officers, Directors, Employees, Volunteers, and Agents (all of whom are referred to as "Releasees") from, and agree not to sue Releasees, for any claims that I/we may have arising from, or in connection with, any physical, emotional or mental injury or property damage that Releasers may suffer as a result of my participation in the Activity from any cause whatsoever, to the extent permitted by law.
3. Acknowledgment of Risk. I/We recognize and appreciate the dangers, hazards, and risks of the Activity which could include serious or even mortal injuries and property damage. I/We attest that we have fully considered the risks and hazards, and I/we agree that I have individually assumed the risks involved in this Activity.
4. Fitness to Participate. I/We hereby represent that I am physically and mentally able to participate in the above referenced Activity and have no health problems which would present a risk to me in participating in this Activity. I certify the participant has been seen by a healthcare provider within the last year.

5. Emergency Medical Treatment. I/We understand and agree that Releasees do not have medical personnel available at the location of the Activity. I/We understand and agree that Releasees are granted permission to transport the participant to and to authorize emergency medical treatment, if necessary and that such action shall be subject to the terms of this agreement. I/We understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of, or in connection with such authorized emergency medical treatment.

6. Insurance I/We represent that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury. I guarantee payment of all expenses incurred for transportation of participant to and receiving emergency medical treatment.

THIS IS A RELEASE OF LEGAL RIGHTS, READ BEFORE SIGNING.

I acknowledge that I have carefully read this agreement and fully understand its contents. I acknowledge that I am voluntarily executing this agreement of my own free will. After having the opportunity to consult with legal counsel of my own choosing, I acknowledge and understand that this agreement will release the Northeastern University and its Releasees from any liability in connection with any injury or damages or losses suffered as a result of the Participant's participation in the above referenced Activity. It is my express intent that this release shall bind the members of Participant's family, estate, heirs, administrators, personal representatives, or assigns.

In consideration of participation in the Activity, I further hereby agree and grant permission for Northeastern University and/or its designees to record, film, photograph, audiotape, videotape, interview and/or publicly exhibit, display, distribute and/or publish my likeness, appearance and or spoken words in any form and for any purpose worldwide to perpetuity and without compensation.

I further state that I am the Participant's _____ parent/_____guardian, and am fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the participant, and for the participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by same.

Parent/Guardian Name (please print): _____ Relationship: _____

Signature of Parent or Guardian

Date