Dear Participant,

Thank you for registering for the 2018 summer math camp program. Mathworks is a center for innovation in mathematics education. Our mission is to research and develop model programs and self-sustaining learning communities that engage students from all backgrounds in doing mathematics at a high level.

This document contains the liability, medical and photo release forms along with the research consent forms. Please fill out, sign and return to us via:

- Email: Mathworks@txstate.edu
- Fax: 512-245-1469
- Mail: Mathworks, 601 University Drive, ASBS 110, San Marcos, TX 78666

We do everything in our power to ensure you have a safe and fun camp experience. In the event a participant requires medical treatment; your emergency contact will be notified immediately and the participant will be transported to the student Health Center at Texas State or to a medical facility. Please be advised that the cost of such services is sole responsibility of the participant or parent/guardian if the participant is a minor.

We are looking forward to a wonderful summer of learning mathematics. If you have any questions about the forms, or camp in general, please do not hesitate to contact me.

Sincerely,
Max Warshauer, Director
Texas State University – Mathworks
512-245-3439
Mathworks@txstate.edu
Participant Information

LAST NAME: ________________________________  FIRST NAME: ________________________________

GENDER:  MALE ☐  FEMALE ☐

DATE OF BIRTH (MM/DD/YYYY): ___________________________

ADDRESS: __________________________  CITY: __________________________

STATE: ______________________  ZIP: ______________________

PHONE: __________________________

EMERGENCY CONTACT NAME: __________________________

EMERGENCY CONTACT PHONE: __________________________

RELATIONSHIP: __________________________

Participant Medical History (please circle appropriate responses)

1. Any drug allergies?  YES  NO
   If YES, please list:

2. Any allergies to foods, materials, or other?  YES  NO
   If YES, please list:

3. Please list any prescription medications that you or your child (if the participant is a minor) routinely take:

4. Please list any additional medical information we should be aware of:

I certify to the best of my knowledge that the information on this form is true and accurate. In the event of an emergency, I authorize Texas State University and its Mathworks summer math camp programs to take me or my child (if participant is a minor) to a medical facility, as necessary, to administer medical and surgical services and to perform routine and emergency diagnostic and therapeutic procedures as deemed necessary by duly licensed medical personnel. I understand that the cost of such services is my sole responsibility as the parent or guardian.

►_______________________________ ______________________
Printed Name of Participant  Date

►_______________________________ ______________________
Signature of Participant  Relationship
(or Parent/Guardian if participant is a minor)
Activity Release of Liability, Indemnification and Assumption of the Risk Agreement

Participant Name (Print): ________________________________

Legal Guardian (Print): ________________________________

Organization: Texas Mathworks

Activity: (Please describe specifically the Activity)

Activity Dates: _______________________________________

This is a Release of Liability, Indemnification and Assumption of Risk Agreement. Read it carefully and sign below. Completion of this form is required before you child participates in the Activity. This document cannot be altered or modified by any verbal or written statements.

Releasees: The Board of Regents, The Texas State University System, Texas State University, and all regents, employees, agents, and officers for these entities.

Assumption of Risks: To the best of my knowledge, my child is in good health and has no physical limitations that would preclude or impede my child’s participation in this Activity. I am aware of the risks and hazards connected with the Activity, and I elect to allow my child to participate voluntarily and engage in this Activity knowing that the Activity may be hazardous to my property, my child’s property and my child. I voluntarily and expressly agree and promise that I assume full responsibility for property loss or damage, and for personal injury, including death, that I or my child may sustain as a result of being engaged in this Activity, whether or not based on the negligence or other wrongful conduct of Releasees.

INDEMNIFICATION: I ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LOSS, LIABILITY, DAMAGE, OR COSTS OF ANY NATURE WHATSOEVER, INCLUDING COURT COSTS AND ATTORNEY’S FEES, THAT THEY MAY INCUR DUE TO MY CHILD’S PARTICIPATION IN THIS ACTIVITY WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. FOR EXAMPLE, I SPECIFICALLY AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM LOSSES THEY MAY INCUR AS A RESULT OF MY CHILD’S INJURIES OR MY CHILD INJURING ANOTHER PERSON OR DAMAGING ANOTHER PERSON’S PROPERTY WHILE PARTICIPATING IN THE ACTIVITY.

Release: In consideration for facilitating my child’s participation in the Activity described above (hereafter Activity), I release, discharge, and agree not to sue Releasees for any claims, demands, actions, and causes of action of any nature whatsoever including a claim of negligence, arising out of any loss or damage to my or my child’s property and any injury, including death, that my child may sustain whether or not caused by the negligence of the Releasees, while participating in the Activity, supervised or unsupervised, or while in transportation to and from the Activity.

Initial ________________________________

Initial ________________________________

Initial ________________________________

Initial ________________________________

September 2016
Intent: I intend that this Activity Release of Liability, Indemnification and Assumption of the Risk Agreement bind not only me, but also the members of my family and my spouse, and my heirs, assigns, and personal representatives. I intend this as a release, discharge, and promise not to sue the Releasees. I further agree that this Activity Release of Liability, Indemnification and Assumption of the Risk Agreement should be construed in accordance with the laws of the State of Texas.

Free Act: I acknowledge that I have read and understand this Activity Release of Liability, Indemnification and Assumption of Risk Agreement and understand that it is legally binding. I understand it and sign it voluntarily as my own free act.

I certify that I am the legal guardian of the participant, of lawful age (18 years or older) and legally competent to sign this Agreement.

Signature of Legal Guardian ___________________________ Date ___________________________
PHOTOGRAPHY RELEASE AND INDEMNITY

Releasees: The Texas State University System Board of Regents, Texas State University, their administrators, employees, representatives and agents. (Texas State)

Consent: For good and valuable consideration, I hereby grant to Texas State full and complete rights to the use of my child’s image (still photograph or video), with or without the use of my child’s name, in print and electronic publications or productions promoting Texas State, Texas State University System, its colleges and/or programs. This release is given without charge to or any remuneration from Texas State.

I authorize Texas State to (a) record my child’s likeness and voice on a video, audio, photographic, digital, electronic or any other medium; and (b) Use my child’s name in connection with these recordings. I hereby irrevocably assign, transfer, release and convey to Texas State, in perpetuity, throughout the universe, a nonexclusive and royalty-free license to use the recordings above, as well as all intellectual property rights embodied in or pertaining to any of the foregoing and the complete right to exploit or otherwise use those recordings, in any form of medium, expression or technology now known or hereafter known or developed.

I waive the right to inspect or approve any reproduction of my child’s physical likeness or voice or my child’s voice recording, and I release and discharge Texas State and Board of Regents, officers, agents and employees from all claims in connection with the use of my child’s physical likeness, voice, and name.

I further acknowledge that my child’s participation is voluntary and that I nor my child will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other University publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I understand that all recordings, in whatever medium, shall remain the property of Texas State.

Release: I hereby release and hold Texas State free and harmless from any claims of copyright, libel, slander, invasion or violation of privacy or other similar rights that I may hold or assert. I release Texas State and those acting pursuant to its authority from any and all liability for any violation of any personal, intellectual or proprietary right I may have in connection with such use by Texas State. I intend this Release also to bind the members of my family, my heirs, assigns and personal representatives. This release includes all claims, whether or not caused by Texas State’s negligence.

Indemnity: I also agree to indemnify and hold Texas State harmless from any loss, damage, liability, or costs that they may incur from the university’s use of my child’s image, name, or voice.

I understand that all such recordings, in whatever medium, shall remain the property of Texas State. I have read and fully understand the terms of this release.

Name of Child __________________________________________

Signed this ____________________ day of __________________

Signature of Legal Guardian __________________________________

Printed Name ____________________________________________

Revised 9/22/16
Study Title: 2018 Mathworks Summer Program
Principal Investigator: Max Warshauer
Co-Investigator/Faculty Advisor: Hiroko Warshauer

Dear Participant:

My name is Max Warshauer and I am a member of the math faculty at Texas State. My Mathworks faculty and I are conducting research about math teaching and learning and I would like to invite you or your child to participate in the study. Camp participants refer to you or your minor child. This form describes my study and what you will be asked to do. Participation is voluntary and you may ask questions or drop out of the study at any time. Please complete the signature page and return. You will be given a copy of this form to keep. This study will help us make our program better and contribute to the field of mathematics education.

Thank you for your help and I hope you will join the study.

Max Warshauer

PURPOSE
This research will help us learn better ways to teach. We will have many fun math problems and games. We want to see how these help your child learn math.

PROCEDURES
This study includes observing participants in their daily class (4 hours) and giving a daily survey (5 - 10 minutes). A 15 to 30-minute interview regarding participants' experiences at camp may be given during the last few days of camp. We will also study the student’s classwork. If you choose not to join, the participant will remain in their usual class. However, we will not be able to use their work in our study.

RISKS
If you feel nervous about being videotaped, please let us know. We will give surveys to see what you liked best or least about the camp classes. We may interview some participants to see how they work problems. You may stop being in the study at any time and may remain in the program without consequence.
CONFIDENTIALITY
Any identifiable data obtained in this study will remain confidential and we will not use your real name. The results of this study may be used for publicity, teacher training or other, which has a separate Photography Release and Indemnity Form allowing the release of your name. Your name will only be disclosed with your written permission on that form or as required by law. The members of the research team and Texas State officials from the Office of Research and Compliance (ORC) may access the data. The ORC monitors research to protect the rights of all participants. Data will be kept for three years after the study is complete. It will then be destroyed. Videotapes will be used for teacher training, research conferences, and publicity.

BENEFITS
There will be no direct benefit for participating. However, the information gained from this research may help us better understand how students best learn math and how teachers can teach more effectively.

COMPENSATION
None

QUESTIONS
If you have any questions, call or email Max Warshauer at 512-245-3439 or max@txstate.edu.

This project 2017262 as approved by the Texas State IRB on February 13, 2017. Questions should be sent to the IRB Chair, Dr. Denise Gobert 512-245-8351- (dgobert@txstate.edu) or to Monica Gonzales, 512-245-2314, (meg201@txstate.edu).
Check one box and sign below:

Name of Participant (or student): ________________________________

☐ I will allow my child to join this study.   ☐ I do not want my child to join the study.

Parent Name if Participant is a minor: ________________________________
Signature of Participant or
Parent/Guardian if Participant is a minor: __________________________  Date: ______

Primary Investigator Name: Dr. Max Warshauer, Director Mathworks
Signature of Person Obtaining Consent: Max Warshauer  Date: 1/1/2018