

# College Credit Plus

## College Environment Acknowledgement

Cuyahoga Community College (the "College" or "Tri-C") is an open access institution of higher education consisting of a diverse student body. As an open access institution, our student body consists of individuals of all ages and backgrounds. The average age of a Tri-C student is twenty-nine years old and the College allows for students, regardless of their age or background, to enroll and participate in all courses and campus activities.

Course content and expectations will not change for students participating in the College Credit Plus program. Courses may require College Credit Plus program participants to work with individuals in a class as part of a team or project. Course work may also require meeting with classmates outside of the classroom or off campus. Course subject matter may include adult themes and content including books, movies, illustrations, or topics as part of the curriculum and will not be modified to accommodate the age of College Credit Plus participants. While, the College takes measures to ensure the safety and wellbeing of all of its students, as a multi-campus, open access institution, the College cannot guarantee the same safety measures as those found in a more controlled secondary school environment.

The Family Educational Rights and Privacy Act of 1974 ("FERPA") and associated regulations set forth requirements designed to protect the privacy of student education records. FERPA protects all college students, including College Credit Plus participants, who are currently enrolled or formerly enrolled, regardless of their age. Students may consent to the release of their education records by completing and signing a consent to release on my Tri-C space.

The College is committed to making higher education accessible to all eligible students with disabilities. The Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA) mandate that colleges and post-secondary institutions ensure that qualified students with disabilities not be denied participation in, or the benefits of, post-secondary education. The Individuals with Disabilities Education Act (IDEA) is not applicable to institutions of higher education such as the College. For more information visit: [www.tri-c.edu/access](http://www.tri-c.edu/access).

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_ have read and understand the above statements.

Signature:

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

Date:

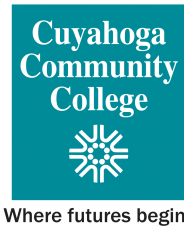
\_\_\_\_\_

Participant DOB:

\_\_\_\_\_



Youth Technology Academy  
 Advanced Technology Training Center  
 3409 Woodland Ave.  
 Cleveland, OH 44115  
 216-987-3368  
 www.tri-c.edu/YTA



**Release from Liability and Hold Harmless Agreement**

In consideration of being permitted to participate in outside school programs (robotic activities, transportation to and from activities, field trips) sponsored by the Youth Technology Academy (YTA) and Cuyahoga Community College, I (or my parent or legal guardian if I am under the age of eighteen), the undersigned, do hereby agree to assume all the risks and responsibilities surrounding my participation.

This release gives me or my son/daughter (*please print name*) \_\_\_\_\_ permission to participate in all of the Youth Technology Academy's activities. I understand that information will be sent to me announcing any out-of-city field trips

And further, I do for myself, my heirs and personal representatives hereby agree to hold harmless, indemnify, and release and forever discharge Cuyahoga Community College District and all its officers, agents and employees from and against all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the program mentioned above.

_____ (Signature of Participant)	_____ (School Attending)	_____ (Grade)	_____ (Date)
_____ (Signature of Parent or Legal Guardian If Participant is under the age of 18 years)	_____ (Relationship)	_____ (Date)	_____

**Informed Consent**

I understand that the Youth Technology Academy (YTA) and/or its designated representatives, as a condition of certain governmental funding, is obligated to collect and distribute specific information about its participants and that such information may include the release of records, transcripts, course history, test scores, grades, grade point averages, assessment results, social security number, and other related information that will help the YTA demonstrate the success of its program in achieving its goals. Insofar as the YTA's program is designed to produce specific results (such as improved science and math grades and increased student preparation for technical courses of study and technical career paths) and insofar as the results of the program must be documented to demonstrate to funding agencies that the program has been successful, the YTA program is considered a research study.

I consent to participate in this research study, which may or may not benefit me by improving my preparation for a technical course of study and/or technical career. I understand participation brings me no known or suspected risks other than those encountered in daily living and other than those that may be encountered while working with industrial machines in the College's Unified Technologies Center, which will be outlined in a separate document for those participants involved in working with such machines. I understand that I may refuse to participate and may withdraw from this research project without penalty at any time. I give permission to the YTA to collect evaluative data, which may include my test scores, grades, grade point averages, assessment results, and other related information.

If any questions or problems arise, I may contact George Bilokonsky at 216-987-6302. If I would like to talk to someone other than the researcher about concerns regarding this project, research participation rights, or other issues, I may contact Cuyahoga Community College's Human Subjects Review Committee at 216-987-3172. A copy of this consent form will be provided to me.

_____ (Signature of Participant)	_____ (Printed Name of Participant)	_____ (Date)
_____ (Signature of Parent or Legal Guardian If Participant is under the age of 18 years)	_____ (Relationship)	_____ (Date)



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**Consent, Release, Hold Harmless, and Authorization to Reproduce Physical Likeness**

*As used herein, "YTA" shall mean Cuyahoga Community College District through its Youth Technology Academy and its officers, trustees, employees, agents and assigns, or any third party designated and approved by YTA at any time, including, without limitation, print, publication, television, broadcast, video, development, and all other forms of media distribution. As used herein, "Participant" shall mean any individual, student, mentor, teacher, or volunteer involved in a YTA event. In consideration of the acceptance of my participation in any YTA Competition and related programs, meetings, or events (collectively, the "Event"), I agree to the following:*

- The undersigned being fully cognizant of the risks of participating in an Event, hereby assumes the risks of bodily injury (including, without limitation, death) and property damage, inherent in such participation. Except to the extent due to the gross negligence or intentional misconduct of YTA, to the fullest extent permitted by applicable laws, I hereby waive any claims or causes of action which I may now or hereafter have against YTA arising out of my participation, and I will indemnify and hold harmless YTA against any and all claims resulting from such participation. I hereby release YTA and its respective successors, affiliates, licensees and assigns from all claims, demands, liabilities, damages, costs, and expenses (including, without limitation, attorneys' and other professional fees and expenses) that I may now or hereafter have against YTA arising in connection with my participation in an Event and YTA's exercise of rights hereby granted, including, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever. In the event that I should sustain injuries or illness while involved in an Event, I hereby authorize YTA to administer, or cause to be administered, such first aid or other treatment and/or medications as I may bring or as may be necessary under the circumstances, to include treatment by a physician or hospital of YTA's choice.
- I hereby grant to YTA the right to photograph and/or videotape me during my participation in an Event. I further grant to YTA, forever and throughout the world, the right to use these photographs and videotapes of my likeness, voice, and sounds during my participation, and to reuse or license the right to reuse such photographs and videotapes of my participation, and my name, likeness, and biography, as YTA may desire, in all media and in all forms and for all purposes, including without limitation, advertising and other promotions for YTA, without further compensation to me or any limitation whatsoever. In granting this license, I understand that YTA is not under any obligation to exercise any of the rights, licenses, and privileges herein granted. Each such photograph and videotape shall be a work for hire and YTA shall be deemed the owner of any copyright and /or trademark rights therein (and all applications, registrations, and renewals resulting there from). If, however, the work is deemed not to be a work made for hire by a court of competent jurisdiction, then this Consent, Release, Hold Harmless and Authorization to Produce Physical Likeness ("Release") shall constitute an irrevocable assignment of the worldwide copyright in the work to YTA.

This Release shall be binding upon my heirs, personal representatives and assigns, and me and shall be governed by and construed under the laws of the State of Ohio without regard to conflicts of law's principles. Venue for any legal action arising out of or in connection with this Release shall be in Cuyahoga County, Ohio, and jurisdiction shall be vested exclusively in the Court of Common Pleas in and for Cuyahoga County, Ohio, or, if appropriate, in the federal District Court for the Northern District of Ohio. This Release constitutes the entire agreement among the parties hereto with respect to the subject matter of this Release and supersedes any and all previous agreements among the parties, whether written or oral, with respect to such subject matter.

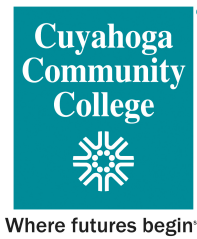
_____	_____	_____
(Signature of Participant)	(Printed Name of Participant)	(Date)
_____	_____	_____
(Street Address)	(City, State, Zip)	(Phone)

For participants under the age of eighteen (18) years: I hereby consent and agree to the above as the Parent/Legal Guardian of \_\_\_\_\_ (minor's name), in which case, "I," "me," and "my" as used herein shall refer to said minor.

_____	_____	_____
(Signature of Parent or Legal Guardian if Participant is under the age of 18 years)	(Printed Name of Parent/Legal Guardian)	(Date)



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**EMERGENCY MEDICAL AUTHORIZATION**

Student Name \_\_\_\_\_ Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ School \_\_\_\_\_

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under Youth Technology Academy authority, when parents or guardians cannot be reached.

**Residential Parent or Guardian**

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Other's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name of Relative to be contacted \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

**PART I OR II MUST BE COMPLETED**

**PART I - TO GRANT CONSENT**

I hereby give consent for the following medical care providers and local hospital to be called.

Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
 Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_  
 Local Hospital \_\_\_\_\_ Phone \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible. This Authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken and any physical impairment to which a physician should be alerted.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

**PART II - REFUSAL TO CONSENT**

I do NOT give any consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take the following action:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_