

Assumption of Risk and Release from Liability (“Agreement”)

I, the undersigned, give permission for my Child to participate in the Foundations in Science & Mathematics Summer 2021 Program, offered on behalf of The Board of Trustees of Indiana University (“IU”), at Indiana University Bloomington from July 12-23, 2021 (the “Program”).

In consideration for my Child’s participation, I, on behalf of my Child, agree to the following:

1. I understand the Program consists of some or all of the following activities: science laboratory activities, classroom activities, and travel by foot.
2. I understand that as part of my Child’s participation in the Program there are dangers, hazards, and inherent risks to which my Child may be exposed, including, but not limited to, the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further understand that participating in the Program may involve other risks and dangers, whether known or unknown nor reasonably foreseeable, including: injuries caused by motor vehicles either while walking or while riding as a passenger in a motor vehicle, choking while eating, having an allergic reaction to food/drink or campus surroundings, or fire or other emergency at the dorms or elsewhere on campus.
3. I fully understand the scope of the activities and the risks involved. I voluntarily accept and assume all risks of injury, loss of life, or damage to property arising out of my Child’s participation in the Program.
4. I hereby release and fully discharge IU, including its officers, employees, and agents, from any and all claims or causes of action, including all liability for damage to personal property or personal injury which may result from my Child’s participation in the Program, that may be brought by me or my Child or for any injury or loss that my Child may suffer while participating in the Program, whether caused by negligence or otherwise, to the fullest extent permitted by law.
5. I further release, indemnify, and hold harmless IU, including its officers, employees, and agents, from and against any and all liability, actions, debts, claims, and demands of every kind whatsoever, including, but not limited to, any claim for negligence and/or any present or future claim, loss, or liability for which my Child may be liable to any other person or to IU that arises out of my Child’s participation in the Program.
6. In the event of an accident or serious illness, I hereby authorize representatives of IU to obtain medical treatment and transport for my Child on my behalf. I waive my right to receive informed consent prior to such transportation or treatment. I hereby hold harmless and agree to indemnify IU from any claims, causes of action, damages and/or liabilities,

arising out of or resulting from the medical treatment or transport. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

7. This Agreement shall be governed by and construed under the laws of Indiana. Notwithstanding any other agreement that I have signed related to this Program that purports to establish the venue for any litigation arising from this Program, I agree that I will file no action against The Trustees of Indiana University or its officers, employees, and agents, whether based on this Agreement or in any way otherwise connected to this Program, in any court other than the Circuit Court of Monroe County, Indiana.
8. **I understand and agree to all of the terms of this Agreement. I understand that I am giving up substantial rights (including my right to sue) and acknowledge that I am willingly signing this document. My signature on this document is intended to bind not only myself and my Child, but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.**

Child’s name _____

Parent’s name _____

Parent’s signature _____

Date _____

INDIANA UNIVERSITY INFORMED ASSENT STATEMENT**Foundations in Science and Mathematics**
For Students Under 18

You are invited to participate in a research study of student performance in short math and science programs. You were selected as a possible subject because you are a participant in the Foundations in Science and Math summer program. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

The study is being conducted by Adam Maltese at Indiana University

STUDY PURPOSE

The purpose of this study is to help educators understand what activities are helpful to students as they prepare for high school STEM courses.

NUMBER OF PEOPLE TAKING PART IN THE STUDY:

If you agree to participate, you will be one of up to 1000 subjects who will be participating in this research.

PROCEDURES FOR THE STUDY:

If you agree to be in the study, you will do the following things:

1. Allow the researchers access to your work from the summer program so that it can be analyzed and used in research.
2. Allow the researchers to ask you to self-report your school GPA.
3. Allow the researchers to ask you to complete the pre- and post- interest survey.

RISKS OF TAKING PART IN THE STUDY:

While on the study, the risks are:

- Loss of Confidentiality: Every precaution will be taken to remove identifying information from all data taken for this study, but absolute assurance of confidentiality cannot be given.

BENEFITS OF TAKING PART IN THE STUDY:

The benefits to participation that are reasonable to expect are aiding overall education in STEM.

ALTERNATIVES TO TAKING PART IN THE STUDY:

Instead of being in the study, you have these options:

You may choose not to have data pertaining to your performance or changes of interest in STEM in the program to be used for education research purposes. This will not affect your standing in the program and you will be able to continue to participate in classroom activities in exactly the same fashion as those students who wish to participate in the education research.

CONFIDENTIALITY

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Your identity will be held in confidence in reports in which the study may be published and databases in which results may be stored. After the research team completes analysis of the data and publish results, we will destroy all records of student performance. Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the IUB Institutional Review Board or its designees, the study sponsor, and (as allowed by law) state or federal agencies, specifically the Office for Human Research Protections (OHRP), who may need to access your research records.

COSTS

There is no additional financial cost to participate in education research. The \$25 that was paid to be part of the summer program is not related to the costs associated with the education research.

PAYMENT

You will not receive payment for taking part in this study.

CONTACTS FOR QUESTIONS OR PROBLEMS

For questions about the study or a research-related injury, contact co-investigator Riddhi Sood at soodr@indiana.edu .

For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IU Human Subjects office 812-856-4242 , or by email at irb@iu.edu

VOLUNTARY NATURE OF STUDY

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with the investigator(s).

SUBJECT'S ASSENT

In consideration of all of the above, I give my assent to participate in this research study.

I will be given a copy of this informed assent document to keep for my records. I agree to take part in this study.

Signature of Subject:

Subject's Printed Name:

Date: (must be dated by the subject)

Printed Name of Person Obtaining Assent:

Signature of Person Obtaining Assent:

Date:

INDIANA UNIVERSITY INFORMED CONSENT STATEMENT FOR

Foundations in Science and Mathematics

For Parents

Your child is invited to participate in a research study of student performance in short math and science programs. Your child was selected as a possible subject because he or she is a participant in the Foundations in Science and Math summer program. We ask that you and your child read this form and ask any questions you may have before agreeing to be in the study.

The study is being conducted by Adam Maltese at Indiana University.

STUDY PURPOSE

The purpose of this study is to help educators understand what activities are helpful to students as they prepare for high school STEM courses.

NUMBER OF PEOPLE TAKING PART IN THE STUDY:

If you agree to participate, your child will be one of up to 1000 subjects who will be participating in this research.

PROCEDURES FOR THE STUDY:

If you allow your child to be in the study, your child will do some of or all of the following things:

1. Allow the researchers access to your child's work (e.g. tests and worksheets) from the all classes in the summer program.
2. Allow the researchers to ask your child to self-report his or her school GPA and to describe his or her attitude toward group study.
3. Allow the researchers to ask your child to complete a pre- and/or post- interest survey.

RISKS OF TAKING PART IN THE STUDY:

While on the study, the risks are:

Loss of confidentiality. Every precaution will be taken to remove identifying information from all data taken for this study and no data will be shared with outside parties that could be used to identify your child, but absolute assurance of confidentiality cannot be given.

BENEFITS OF TAKING PART IN THE STUDY:

Other than possible improvement in education overall, there are no direct benefits to your individual child for participating in this study.

ALTERNATIVES TO TAKING PART IN THE STUDY:

Instead of being in the study, you have these options:

You may choose to not allow some or all of the data pertaining to your child described above be gathered or used for education research purposes. This will not affect your child's standing in the program and your child will be able to continue to participate in classroom activities in exactly the same fashion as those students who wish to participate in the education research.

CONFIDENTIALITY

Efforts will be made to keep your child's personal information confidential. We cannot guarantee absolute confidentiality. After the research team completes analysis of the data and publish results, all identifiable records of student performance will be destroyed. Your child's personal information may be disclosed if required by law. Your child's identity will be held in confidence in reports in which the study may be published and databases in which results may be stored.

Information collected for this study may be used for future research studies or shared with other researchers for future research. If this happens, information which could identify participants will be removed before any information or specimens are shared. Since identifying information will be removed, we will not ask for additional consent.

Organizations that may inspect and/or copy your child's research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the IU Institutional Review Board or its designees, and (as allowed by law) state or federal agencies, specifically the Office for Human Research Protections (OHRP) who may need to access your research records.

COSTS

There is no additional financial cost to participate in education research. The fee that was paid to be part of the summer program is not related to the costs associated with the education research.

PAYMENT

Your child will not receive payment for taking part in this study.

CONTACTS FOR QUESTIONS OR PROBLEMS

For questions about the study or to remove your child from this research study, contact the co-investigator Riddhi Sood at soodr@indiana.edu.

For questions about your child's rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IU Human Subjects office at 812-856-4242, 800-696-2949 or by email at irb@iu.edu

VOLUNTARY NATURE OF STUDY

Taking part in this study is voluntary. You may choose not to allow your child to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which your child is entitled. Your decision whether or not to participate in this study will not affect your or your child’s current or future relations with the investigator(s).

SUBJECT’S CONSENT

In consideration of all of the above, I give my consent for my child _____ to participate in this research study using the following types of data:

Student Work:

- Yes, you may use my child’s work from the summer program in research.
- No, you may not use my child’s work from the summer program in research.

Self-reporting Performance and Attitudes:

- Yes, you may ask my child to self-report his or her GPA and to describe his or her attitude towards group study.
- No, you may not ask my child to self-report his or her GPA, and you may not ask my child to describe his or her attitude towards group study.
- Yes, you may ask my child to complete a pre- and/or post- interest survey.
- No, you may not ask my child to complete a pre- and/or post- interest survey

I will be given a copy of this informed consent document to keep for my records. I agree to take part in this study.

Subject’s Printed Name: _____

Subject’s Signature: _____

Date: (must be dated by the subject) _____

Parent’s printed name: _____

Parent’s signature: _____

Date: _____

TALENT CONSENT FORM

OFFICE OF SCIENCE OUTREACH

I grant permission to the directors, assistants, or other persons associated with Foundations in Science and Mathematics (FSM) and the Indiana University Office of Science Outreach to use images of me.

I understand that, if used, these images will be employed to promote Indiana University, FSM, and Science Outreach.

I give my consent to the conditions that have been stated above.

Date: _____

Participant Name (print): _____

Participant Signature: _____

For children under the age of 18, a parent or guardian consent is required.

Date: _____

Parent Name (print) _____

Parent's Signature: _____

For Office Use Only:

Event Taken:

Date:

Activity:

Quote From Participant: