

TAKE OUR CHILDREN TO WORK DAY

Coral Gables Campus Registration Form

We invite our University of Miami parents and their children to join us for a luncheon to commemorate the UM work day program taking place on Thursday, February 2, 2017. The purpose of the program is to encourage, inspire, and introduce participants to a variety of career fields at the U, encouraging them to explore new pathways towards opportunity and success. Parents are expected to attend the luncheon with their child(ren). At the conclusion of the luncheon, parents will return to their offices while their children participate in career activities until 4:45 p.m.

EVENT DETAILS

- Date, Time, and Location: Thursday, February 2, 2017, 12 p.m. – 5 p.m., Shalala Student Center, Grand Ballroom
- Event day sign-in begins at 11:30 a.m.; luncheon begins promptly at 12 p.m.
- Pick up time and location: 4:45 p.m. at the Patti and Allan Herbert Wellness Center

REGISTRATION DETAILS

- Registration runs from January 9 through January 27, space permitting.
- Children must be between the ages of 8 and 14 to participate.
- A fee of \$10 per child and \$10 per adult is required at the time of registration (check only).
- Space is limited to the first 100 registered children.
- Requests to include siblings in the same group may be made at the time of registration. Siblings in the same group must be no more than one year apart in age.
- Please note if your child/children have any food allergies.
- Children should wear comfortable clothing and sneakers.
- The use of electronic devices is not permitted.

VOLUNTEERS NEEDED

If you are interested in volunteering during the event, please obtain approval from your supervisor and contact [Lisi Carreno](#) by January 20.

QUESTIONS?

Contact Lisi Carreno at 305-284-6709 or lcarrreno@miami.edu.

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Please cut along dotted line and return completed form with a **check payable to the University of Miami**.
The signed *Model Release Form* **must** be included with your registration.

Registration Form

| | | | |
|--|-------------|---|------|
| Parent's Name: | | Volunteering?: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Office Phone: | Cell Phone: | E-mail: | |
| Child's Name: | | Age: | Sex: |
| Child's Name: | | Age: | Sex: |
| <input type="checkbox"/> Check here to request for your children to be in the same group (must be no more than one year apart in age). | | | |
| Delivery directly to: Thierry Bien-Aime, PLF-North, Suite 303 (Patricia L. Frost Building, School of Music) 5499 San Amaro Drive, Coral Gables, FL 33146, Locator: 7610 (interoffice mail) | | | |





**Take Our Children to Work Day Program
Coral Gables Campus Model Release Form**

I hereby authorize the University of Miami, members of its staff, and its vendors to take such photographs, video recording and/or live transmission of myself in whole, or in part, as they may wish. They may use and publish the same in such places – including, but not limited to, printed and electronic publications, television, the World Wide Web, and other media – and to such persons as the said University of Miami or its staff may in its sole discretion consider to be of benefit to said University, education, or the public at large.

I hereby waive any rights that I may have to inspect and/or approve the finished product that may be used hereunder or the specific use to which it may be applied.

PRINT CHILD'S NAME: _____

PRINT PARENT/ GUARDIAN'S NAME: _____

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____

IMPORTANT: Please complete and submit this form along with the Take Our Children to Work Day Registration Form.



TAKE OUR CHILDREN TO WORK DAY

UNIVERSITY OF MIAMI – BRING YOUR CHILD TO WORK EVENT

THURSDAY, FEBRUARY 2, 2017

WAIVER AND RELEASE OF LIABILITY FORM

Date: _____

Participant, in consideration of being permitted to use University of Miami facilities as a participant in said program, does hereby agree as follows:

1. I understand only participants registered for the event may participate.
2. I understand that as a participant I may only access UM facilities that are part of the planned activities for said event.
3. I understand that there may be a minimum age for certain activities offered during the event.
4. I agree to comply with and abide by the rules and regulations which will be clearly stated for each activity during the event. I understand that UM has the right to revoke my participation in said event at any time, for whatever reason.
5. By signing this form, I represent that I am physically able to undertake the physical activities required for the activity in which I will be participating.
6. I understand that my use of the facilities and participation in any activities at the UM are undertaken entirely at my own risk.
7. I understand that my registration for the event cannot be transferred to another individual.

NOTICE TO PARTICIPANT: PLEASE READ THE FOLLOWING LANGUAGE CAREFULLY BEFORE SIGNING THIS AGREEMENT.

WAIVER AND RELEASE OF LIABILITY

I agree that the Center, the University of Miami, its Board of Trustees, officers, agents and employees shall not be responsible for injury, death, or loss of property which may directly or indirectly result from my activities in said event for any reason whatsoever, including negligence on the part of the University of Miami, its Board of Trustees, officers, agents and employees.

Furthermore, I hereby release, waive and discharge the University of Miami, its Board of Trustees, officers, agents and employees from and for any liability, present or future, to me, my personal representative, assigns, heirs and the next of kin for any injury, loss or property damages which may result from my participation in said event for any reason whatsoever, including negligence of organizers, the University of Miami, its Board of Trustees, officers, agents and employees.

TAKE OUR CHILDREN TO WORK DAY

I hereby expressly agree that this Waiver and Release of Liability is intended to be as broad and inclusive as permitted by laws of the State of Florida and that if any portion hereof is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Dade County, Florida.

I confirm that I am of legal age and am freely signing this Agreement and Waiver and Release of Liability. I have read this form and fully understand that by signing it, I am giving up legal rights and/or remedies which may be available to me for the negligence of the University of Miami, or any of the parties listed above. I also acknowledge having received a completed, signed copy of this Agreement.

Participant's Signature

Parent/legal guardian (if under 18)

Print Name

Print Name

Street Address

City, State, Zip Code

Phone #