



Dear parents/guardians:

In a few weeks, your child will have the exciting opportunity to experience Chaminade University's ***I am a Scientist*** program. This is part of Chaminade University's state of the art Science Research Center that travels to Hawaii's schools to provide students an authentic hands-on science experience.

The ***I am a Scientist*** curriculum inspires and excites students by engaging their curiosity and provides them with the scientific tools to discover the world around them. Students will conduct exciting hands-on experiments utilizing cutting edge technology and equipment under the guidance of experienced scientists.

Our mission:

- Promote equity of access to quality science education
- Increase science literacy and interest in Hawaii's students
- Demonstrate the everyday relevance of science to students
- Increase student's awareness of career opportunities in bioscience and encourage them to continue their education and consider careers in science

In order for your child to participate, please review the attached information, and complete and submit to your teacher the following forms:

1. Permission & Safety, Photography Consent Contract
2. Assumption of Risk, Waiver, and Release from Liability form
3. Pre-program student survey

Safety is our priority. While learning should be fun, it should also be safe. Please review the following Safety rules with your child.

Each ***I am a Scientist*** participant must agree to the following safety rules.

1. Follow all instructions given by the instructor.
2. Wear personal safety gear ie. lab coat, eye protection, and gloves (provided).
3. Not eat, drink, or chew gum.
4. Be respectful of the instructor and fellow classmates.
5. Ask questions when you do not understand something.
6. Notify an instructor if you make a mistake.
7. Never taste or sniff chemicals.
8. Handle all materials and instruments with respect.
9. Wear covered close toed shoes!

CHAMINADE UNIVERSITY OF HONOLULU
ASSUMPTION OF RISK, WAIVER, AND RELEASE FROM LIABILITY

FOR PERSONS UNDER EIGHTEEN (18) YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN THIS FORM.

PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGEMENT, WAIVER, AND RELEASE FROM LIABILITY:

1. **ASSUMPTION OF THE RISK.** The undersigned assumes all risks which are foreseeable and involved with or may arise out of his or her voluntary participation in (event) *Research Internships or Laboratory activities in the Division of Natural Sciences and Mathematics*, or his or her child's voluntary participation in (event) *Research Internships or Laboratory activities in the Division of Natural Sciences and Mathematics*, including, but not limited to, the negligent and or willful and wanton acts of others, the criminal and or intentional acts of others, the omission of an act of another, a defect or condition of the premises, a defect in the vehicles used for transport, or the unavailability of emergency care. The undersigned does not assume the risks of injuries caused by the gross negligence, or willful or wanton misconduct of any officials, officers, employees, or agents of Chaminade University and Saint Louis School.
2. **RELEASE.** The undersigned releases Chaminade University and Saint Louis School and all of its officers, trustees, employees and agents not to initiate litigation on account of or in connection with any claims, causes of action, injuries, illnesses, damages, and/or cost of expenses arising out of the activities involved in (event) *Research Internships or Laboratory activities in the Division of Natural Sciences and Mathematics*, including, but not limited to, *handling chemicals, handling laboratory glassware and materials, using laboratory equipment such as centrifuges, exposure to non-pathogenic biological agents, repetitive motions such as pipette usage*, including those claims, causes of action, injuries, illnesses, damages, and/or cost of expenses based on death, bodily injury, or property damage whether or not caused by the negligence or other fault of the parties being released.

WAIVER. The undersigned waives the protection afforded by any statute or law in any jurisdiction whose purpose, substance, cause and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing this release. This means, in part, that the undersigned is releasing unknown future claims.

4. **INDEMNITY AND DEFEND.** The undersigned agrees to indemnify and defend Chaminade University and Saint Louis School, and all of its officers, trustees, employees and agents (hereinafter jointly referred to as "indemnitee") against, and hold them harmless from, any and all claims, causes of action, damages to or destruction of any property of the indemnitee or any others, injury or death that may result to the undersigned, the undersigned's child, or anyone else.
5. **REPRESENTATIVES.** The undersigned enters into this agreement for him/herself, his/her heirs, assigns and legal representatives.

INSURANCE. The undersigned understands that Chaminade University and Saint Louis School does not carry insurance to cover any possible losses the undersigned and/or the undersigned's child may incur as a result of his or her voluntary participation in (event) *Research Internships or Laboratory activities in the Division of Natural Sciences and Mathematics*, or his or her child's voluntary participation in (event) *Research Internships or Laboratory activities in the Division of Natural Sciences and Mathematics* __, __. The undersigned, or the undersigned's child, is encouraged to have a medical physical exam and purchase health insurance prior to any and all participation.

MEDICAL CARE: I understand and agree that Chaminade University and Saint Louis School may not be able to provide medical personnel at all events. I hereby give my consent to have an adult supervisor, emergency medical personnel, and/or a doctor of medicine or dentistry or associated personnel to provide me (or my child) with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify Chaminade University and Saint Louis School from all liability, loss, cost, claim, lawsuit, or damage, whatsoever, including injury, death, or property damage, which may be imposed because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the released parties.

The protections provided by this Assumption of Risk, Waiver, and Release from liability only enhance those protections already provided by the laws of Hawaii.

ACKNOWLEDGEMENT. THE UNDERSIGNED HAS READ AND UNDERSTANDS THIS AGREEMENT AND REALIZES IT RELATES TO SURRENDERING AND RELEASING VALUABLE LEGAL RIGHTS AND DOES SO FREELY AND VOLUNTARILY. MOREOVER, THE UNDERSIGNED UNDERSTANDS THAT HIS OR HER PARTICIPATION IN THE ACTIVITY OR HIS OR HER CHILD'S PARTICIPATION IN THE ACTIVITY IS VOLUNTARY.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

PRINTED NAME OF STUDENT IF SIGNED BY PARENT/GUARDIAN:

Permission & Safety, Photograph Consent Contract

I give permission for my child named above to participate in the *I am a Scientist* program. I also give consent for Chaminade University, or anyone authorized by Chaminade University to use any and all photographs that have been taken of me and/or my child(ren) at this event, without compensation to me. I do not give photo consent _____. All negatives and positives, together with the prints, are owned by Chaminade University. Chaminade University reserves the right to use these photographs in any of its print or electronic publications.

I have read the safety rules with my child. My child agrees to follow the safety rules and understands that any violation of the rules may result in he/she being asked to leave the event.

I have read, understand, and agree to the Assumption of Risk, Waiver, and Release from Liability form.

Parent/guardian's name: _____

Parent/guardian's signature: _____

Date: _____





I AM A SCIENTIST

CHAMINADE UNIVERSITY

lamaScientist.STEM@gmail.com

INSPIRING THE NEXT GENERATION

Dear Student,

Please help us by completing this survey before you attend the "I am A Scientist" event.
Please submit one survey per student attending the event.

Please circle the answer that best describes you.

1. I am:	Female	Male											
2. I am in grade:	K	1	2	3	4	5	6	7	8	9	10	11	12
3. How much do you like science?	1 Hate It	2 Don't really Like It	3 Neither Love nor Hate It	4 Like It	5 Love It								
4. How much do you enjoy learning about science?	1 Hate It	2 Don't really Like It	3 Neither Love nor Hate It	4 Like It	5 Love It								
5. How much do you think science affects you and your family?	1 Not at all	2 Have not thought about it	3 A little	4 A Lot									
6. When you grow up, do you think you will be a scientist or have a job related to science?	1 No	2 Maybe	3 Definitely										
7. Do you know any scientists, or have you ever met a scientist?	1 Yes	2 Not sure	3 No										
8. Have you ever participated in and "I Am a Scientist" program?	1 Yes	2 Not sure	3 No										
If yes, how many times? _____													