

NATIONAL TRIO DAY

ILLINOIS STATE UNIVERSITY
FEBRUARY 23RD, 2019



G.A.M.E. Changers

Growth Above Marginalized Expectations

Join together with TRIO students from across Central Illinois for a celebration of TRIO! This educational and entertaining event will empower students to reach their full potential. Included workshops and activities accommodate students at all levels (secondary and post-secondary). The conference will encourage and deepen student knowledge through engaging workshops aimed at establishing academic success and creating G.A.M.E. Changers to continue trailblazing.

The deadline to submit permission slips is February 4th.

TRIO
TALENT SEARCH

TRIO
UPWARD BOUND



Dear Parent,

Your child was sent home with the following forms for the Trio Academic Talent Search Trio Day to Illinois State University.

- **Parent Guardian Permission Slip**
- **Risk and Release form**
- **Release and Indemnity Agreement**
- **Emergency Medical Forms (If your child has attended any of our events including the Saturday Kick off, their medical forms are already on file)**

Please complete **ALL** forms and return by **Monday, February 4th, 2019 deadline.** Please note that space is limited. All forms can be submitted by:

Jefferson Middle: Talent Search Mailbox (main office)

Franklin Middle: Talent Search Mailbox (main office)

Edison Middle: Ms. Mcgreevy

Urbana Middle: Ms. Price

Thomas Jefferson Middle: Mrs. Hopkins

Stephen Decatur Middle: Ms. Tyus

Email: triotalentsearch@illinois.edu

Fax: (217) 244-0349

**Drop Off: Office of Minority Student Affairs,
610 E. John Street, Champaign, IL 61820**

If you have any questions regarding our program please contact us at 217-333-0054. Thank You!

Talent Search Staff



Talent Search students will be required to wear their Talent Search T-shirts for Trio Day. If your child did not receive a T-shirt please select a size option. **Please note that shirts are adult sizes.**

Child's name: _____

Small _____

Medium _____

Large _____

X-Large _____

2X-Large _____

3X-Large _____

**UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
TRIO ACADEMIC TALENT SEARCH COLLEGE PREP PROGRAM
610 E. JOHN STREET ROOM 130
CHAMPAIGN, IL 61820
PHONE (217) 300-2434 FAX (217) 244-0349**

**PARENT/GUARDIAN PERMISSION STATEMENT
2019 Middle School Trio Day**

PARENTS/GUARDIANS: Please read this statement carefully and sign it. We must have written permission for your child to participate in the summer program to assure for adequate planning.

I give permission for _____ to participate in Trio Day to Illinois State University (Bloomington, IL).

He/She has my permission to come to the University of Illinois at the Urbana-Champaign campus, and travel with this Program on February 23, 2019. I understand that travel will be by charter bus and will depart from the Turner Student Service Building, 610 East John Street, Champaign, IL 61820 no later than 7:00 a.m. and will return to that address no later than 5:00 p.m. on February 23, 2019. I will make arrangements to drop off and pick up my child at the appropriate time. I understand that my child will participate in a variety of academic, cultural, social and recreational activities during the trip.

PERMISSION TO LEAVE THE CAMPUS: In case of personal emergencies which require my child to leave the campus, I agree to contact the Director or identified personnel and make arrangements to have my child released. I understand that TRIO Academic Talent Search will not be responsible for my child's transportation to and from home.

FIELD TRIPS: I give permission for my child to participate in field trips and special activities which are planned and supervised by members of the TRIO Academic Talent Search staff. I also give permission for my child to leave the campus, under reasonable regulations set by the TRIO Academic Talent Search staff, for personal business or recreation. I understand that in some cases the student may be asked to provide his/her own transportation.

SIGNATURE: _____ **DATE:** _____

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

TRIO Academic Talent Search College Prep Program

610 E. JOHN, SUITE 130

CHAMPAIGN, IL 61820

Telephone: (217) 333-0056

RELEASE AND INDEMNITY AGREEMENT

The undersigned parent and/or guardian of _____, a student of the *TRIO Academic Talent Search College Prep Program*, hereby requests the Board of Trustees of the University of Illinois to accept said student for attendance on the TRIO Talent Search Trio Day and in consideration for such acceptance and attendance, covenants and agrees that under no circumstances will any claim whatsoever be made, or any suit whatever instituted, whether in the undersigned's own behalf or that of said student, against the Board of Trustees of the University of Illinois, a public corporation, its officers, agents, staff members, or employees, or any of them, on account of any accident, injury or illness which may directly or indirectly occur to or be sustained by said student while in attendance on the TRIO Talent Search TRIO Day. and further agrees that he/she will forever indemnify and hold harmless the Board of Trustees of the University of Illinois and its officers, agents, staff members, and employees, and each of them, from all actions, claims, and demands whatsoever that may be asserted by or on behalf of, the above-named student against the Board of Trustees of the University because or as a result of any accident, injury, or illness which may occur to or be sustained by said student while in attendance, or as a result of said student's attendance, on the TRIO Talent Search Trio Day.

Further, for said consideration, the undersigned hereby fully and completely releases and discharges said Board of Trustees of the University of Illinois, its officers, agents, staff members and employees and each of them, from any and all claims and demands of whatever nature, he or said student, or either or any of them, may hereafter have or assert against said public corporation and/or its officers, agents, staff members, or employees, or any of them, on account of any accident, injury, or illness said student may sustain while in attendance at the TRIO Talent Search Trio Day, and any and all consequences thereof.

In the event the Board of Trustees of the University of Illinois, after permitting said student to attend the field trip for an initial period, continues to permit said student to attend future *TRIO Academic Talent Search College Prep Program* field trips during any subsequent period or periods, each and all of the foregoing covenants and agreements of the undersigned and each and all of the foregoing provisions hereof, in consideration of the action of said public corporation in continuing to permit said student to attend the field trips sponsored by the *TRIO Academic Talent Search College Prep Program*, remain and be in full force and effect with respect to each such subsequent period or periods.

DATE: _____

Signature of Parent or Guardian

Print Name

Acknowledgement of Risks and Release of Responsibility
University of Illinois
at Urbana-Champaign

The Talent Search Program at the University of Illinois is offering you an opportunity to participate in a field trip to Illinois State University for Trio Day (the "Program"). The date(s) of the program are 02/23/2019. The mode of transportation will be Bus. The Campus Contact for this activity will be Cindy Ogwal, and the contact's phone number is 217-300-3313.

Please read and sign below:

I acknowledge that there are certain risks, hazards and dangers, including risks of physical injury, disability, or death and risk of loss of use or damage to my personal property. Risks include but are not limited to transportation accidents, weather related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life-threatening hazards or death. I understand that injury or loss may result from unknown or unexpected risks, but may also result from the use of equipment, materials, or facilities recommended by the University, environmental conditions, from the acts or omissions of others, or from the unavailability of immediate emergency medical care.

I understand that the University of Illinois does not guarantee my personal health or safety at any point during this Program, nor does it protect me against risk of loss of my personal property. I acknowledge that I have been strongly encouraged to obtain insurance to protect me against these risks.

If I have a physical, mental or other condition that may in any way impact my ability to participate in the Program, I will disclose that to the faculty or staff member in charge of the Program. Even if I disclose these conditions, however, the University is not responsible for things that may happen to me because of my condition. I understand the University of Illinois does not assume responsibility for the actions of persons not employed by the University, for events that are not part of the Program, or that are beyond the control of the University or its contractors, or for situations that may arise due to the failure of the participant to disclose pertinent information.

I will follow the activity/program guidelines strictly and be present promptly at the Department indicated. I will comply with all instructions I am given. I shall exercise common sense and avoid actions which may put people, property, or me at any risk. Further, I agree to avoid horseplay and not jeopardize the safety of others at any time during the activity/program.

I understand and hereby acknowledge that I assume all risks incurred by my participation in the Program. In consideration of being allowed to participate in the Program, I hereby release the University of Illinois, its Board of Trustees, officers, agents and employees from any and all claims arising out of or in any way connected with the Program and my participation in the Program, including but not limited to the risks as outlined above.

I acknowledge that, despite knowing the potential for serious harm, I am still a willing participant in the activity/program.

I am competent to sign this consent release and waiver and have read and understood all the provisions contained in it and intend it to be binding on me and my heirs, successors, assigns and personal representatives.

PARTICIPANT:

Name (printed)

Signature

(Date)

Parent or Legal Guardian Signature _____