



## EARLY COLLEGE SCHOLARS APPLICATION

This application should be mailed to 11 N. Jackson Rd., Ste. 1000, St. Louis, MO 63105-2153, or faxed to 314-935-6744 along with a copy of the student's high school transcript. After review of this application, student will be contacted regarding enrollment decision and payment for course(s).

Semester:    Fall    Spring    Summer 20\_\_\_

STUDENT INFORMATION									
FULL NAME					PREFERRED FIRST NAME				
DATE OF BIRTH			SOCIAL SECURITY NUMBER			GENDER			
STREET ADDRESS				CITY, STATE, & ZIP/POSTAL CODE					
				EMAIL ADDRESS			PHONE NUMBER		
PLACE OF BIRTH (CITY, STATE, COUNTRY)									
PARENT/LEGAL GUARDIAN FULL NAME							PHONE NUMBER		
ETHNICITY:	Prefer Not to Respond	American Native or Alaska Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Other Pacific Islander	Caucasian or White		
Have you ever been found responsible for a disciplinary violation at any educational institution? Yes                      No					Have you ever been adjudicated guilty or convicted of a misdemeanor or felony? Yes                      No				
This should include any educational institution you have attended from the 9th grade (or the international equivalent) forward, and should include violations related to academic misconduct or behavioral misconduct that resulted in a disciplinary action. These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from the institution.					Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise required by law or ordered by a court to be kept confidential.				
COURSE INFORMATION									
COURSES					GRADE OPTION			TUITION AND FEES	
DEPARTMENT NUMBER	COURSE NUMBER	SECTION NUMBER	LAB	UNITS	LETTER GRADE	PASS / FAIL	AUDIT	TUITION	FEES
								\$	\$
								\$	\$
								\$	\$
STUDENT SIGNATURE							DATE		

### Liability Waiver and Release:

In consideration for my child's voluntary participation in the educational experience provided by Washington University in St. Louis ("University") described below, I, the undersigned, on behalf of my child and myself, agree as follows: **Permission:** I grant permission for my child (child's full name) \_\_\_\_\_ to participate in the Early College Scholars Program ("Program"), including travel and field trips, offered by University. I understand that some of these activities may include bus, light rail, or automobile transportation, and give permission for my child to be transported as necessary. **Assumption of Risks:** I am fully aware that the Program, and its activities, involves foreseeable and unforeseeable risks and hazards. I am voluntarily allowing my child to participate in the Program and its activities. I further understand that the University, including the individuals acting on its behalf, cannot and do not assume responsibility for such events or personal injuries or property damage arising there from. I, on behalf of my child and myself, voluntarily assume responsibility for any risks of property damage or personal injury, including death, that my child may suffer as a result of my child participating in the Program and its activities or while traveling to and from Program locations and sites; and further I, on behalf of my child and myself, hereby release, and forever discharge the University and its respective staff, officers, agents, employees, volunteers, representatives, successors and assigns ("Released Parties") of and from all rights and claims for damages, injury, or loss to person or property ("Claims") resulting from my child's participation in the Program whether or not damages, injury, or loss is due to negligence or fault of the Released Parties. **Indemnification:** I agree to indemnify and defend the Released Parties against, and hold harmless from, any and all Claims, including attorney's fees, which in any way arise from my child's participation in the Program, including any liability arising from the act or negligent act of the Released Parties, my child, or anyone else. **University/Program Rules & Regulations:** I understand that my child will be subject to the rules and regulations of the University, the Program, and University Residential Housing. **Media Release:** I, the undersigned, hereby irrevocably grant permission to the University to photograph, film, reproduce, transcribe, or otherwise record and use (including release, publish, quote, or broadcast) my child's image and/or voice in connection with the Program. Additionally, I hereby authorize the University, to release, publish, broadcast or quote such material, including my child's first name, and any program-related material my child may create (including photographs and writings). With respect to this material, I understand that content may be included in future speeches, on the Internet, and through multiple broadcast channels and print media, but that such content will not be used for commercial purposes. I understand that neither I nor my child will receive monetary compensation in exchange for use of products that include such material. **Acknowledgement:** I certify that I am the parent or legal guardian of the above-named child, that I have read this document, and that I am relying wholly upon my own judgment about the risk of injury to my child by my child's participation in the Program. I am over the age of 18 and am voluntarily signing this agreement as my own free act fully intending to be legally bound by it.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE