HONORS BIOLOGY 2017-2018

Please sign and return indicating you and your parent(s)s/guardian(s) have read and understand this Honors Biology disclosure. If you have any questions feel free to contact me ©! DATE: STUDENT NAME (PRINT):_____ STUDENT SIGNATURE_____ PARENT/GUARDIAN NAME (PRINT) NAME:_____ PARENT/GUARDIAN SIGNATURE:____ Please ensure parent email is correct on SIS as this is one way I disseminate information to parents and students during the course. COMMENTS: Please let me know if there is anything about your student you would like me to know to better serve them:

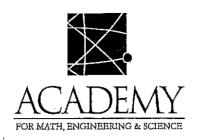
STUDENT MEDIA RELEASE FORM

Videotaping: Periodically student presentations may be videotaped for the sole purpose of improving communication and presentation skills. The video tape will not be posted on any external media – but will be used exclusively in the classroom for instructional purposes only.

Photographs: At various times during class activities photographs of students engaged in academic pursuits may be taken for the express purpose of publication in the school's annual yearbook, or other school publications.

Recording: To maintain student privacy and prevent classroom disruption it is understood that students will not record or photograph individuals or classroom activities without the permission of the instructor.

	Stude	ent Name: (Please Print)
	Lam t	the parent/legal guardian of the child named above.
	→	In I DO give permission for you to include my child's image on video or still photo as he or she participates in class activities conducted at the Academy for Math Engineering & Science (AMES) by Tamara Aho.
		☐ I DO NOT give permission to video or photograph my child.
_	\rightarrow	☐ Lunderstand that my student will not videotape, record or photograph activities within the classroom without the permission of the instructor.
/	Paren	t Name: (Please Print)
Signat		ture of Parent or Guardian:
7	Date:_	
/		



Dear AMES Parents,

Throughout the school year, as part of the honors biology course, medical students and other representatives from the University of Utah School of Medicine, Office of Inclusion and Outreach, periodically visit as guest lecturers/presenters to AMES honors biology students. Topics of discussion relate to various aspects of biology, medicine and anatomy, frequently correlating to the curriculum of the Future Doctors Program held at the University of Utah, and the AMES biology core.

Periodically these discussions include dissection of various animal parts (such as cow hearts/lungs, or chicken bones) to illustrate how various organ systems work.

Additionally, throughout the year as part of the AMES biology course, dissection may be included as part of the laboratory component of a lesson. Towards the end of the year during the unit on organ structure and function for example, we will be dissecting fetal pigs to better understand the anatomy and physiology of organ systems.

If a student has a religious, moral or ethical reason they would not like to participate, online or textual resources will be available, however the students would miss out on the laboratory experience for that lesson.

The following is a participation release form for students to participate in the dissection portion of presentations conducted by both the University of Utah Outreach representativies, and the AMES biology teacher. This Agreement must be completed in order for your student to participate in any dissection portion of activities associated with these events.

I, the undersigned, am the parent and/or legal guardian ("Guardian/Parent") of the minor Participant named below.

I authorize the Participant to participate in the above activity. I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the activity which may expose the participant to illness and/or injury which includes but is not limited to ingestion of a potentially harmful substance, cut or abrasion from scalpel, exposure to raw animal organ(s) and/or parts, infection from a cut, and puncture from suture. I, the guardian/parent, allow the below named student to participate in the program with the knowledge of the danger involved and hereby agrees to assume and accept any and all risk of injury.

Guardian/Parent of Participant understands and acknowledges that the University of Utah ("University") and AMES is not an insurer of Participant's behavior, actions or participation in the activity, and that the AMES assumes no liability whatsoever for personal injuries or property damages (clothing, etc.) to Participant or to third persons arising out of participation in the activities. Guardian/Parent hereby agrees to release, waive, covenant not to sue, indemnify and hold-harmless-the AMES, and all of their officers, employees and agents (collectively the "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by Participant or loss or damage to any property belonging to Participant arising out of or related to participation in the above named Program, and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee.

Participant does not have any medical conditions that would prevent participation in this program.

STUDENT/PARTICIPANT

GUARDIAN/PARENT (Please print)

Date