



TechTrek

UAT Discovery Expo

- » JUNE 24, 2017
- » JULY 28, 2017 (Friday)
- » NOVEMBER 4, 2017
- » FEBRUARY 19, 2018
- » MARCH 23, 2018
- » JUNE 23, 2018
- » JULY 28, 2018
- » NOVEMBER 3, 2018

WAIVER AND RELEASE OF LIABILITY

The undersigned student and parent in consideration of it's right to participate in UAT's Tech Trek (and the entire UAT Experience) and other valuable consideration hereby releases, discharges and agrees to hold harmless University of Advancing Technology (UAT) and its officers, directors, agents and assigns from any loss or liability associated with the student's participation in the Program.

The release of liability is effective regardless of the cause of said loss or damage including the failure or negligence of agents of UAT and its successors, agents or assigns. The undersigned further agrees to indemnify UAT and its successors, agents and assigns for any claim of damages made by the undersigned or anyone on the undersigned's behalf or on their own behalf for damages incurred by undersigned in connection with the activity. The undersigned understands the nature of the risks associated with his or her participation and fully assumes all risk of harm and/or loss or damage associated with his or her participation.

The undersigned agrees to comply with all of the safety rules and practices outlined during the program and associated with the activity as set forth in the program description and outlined in the program materials. The undersigned agrees to be bound by the terms of said rules and practices and is subject to being sent home for rules violations.

Date

Student Signature

Student Name (Print)

Parent Signature

Parent Name (Print)

Parent Email



REMIT COMPLETED FORM TO:

University of Advancing Technology
Attn: Office of Admissions
2625 W. Baseline Rd. Tempe, AZ 85283

Direct 800.658.5744
Fax: 602.383.8222
Email: admissions@uat.edu

ACKNOWLEDGEMENTS

(This form is required for all students)

Student Name

Address

City

State

Student Email

Student Phone Number

High School

Major of Interest

Emergency Contact

Emergency Phone

Date Attending Program

Medical Conditions / Allergies

☐ Check if staying overnight

Yes, I give permission for my son/daughter to participate in the The UAT Experience program at University of Advancing Technology.

Parent/Guardian Signature

Date