Participant Code of Conduct

DIMACS/RUTGERS MATH Research Experience for Undergraduates (REU)
DIMACS Center & Department of Mathematics
Rutgers University

Participant Name _______________________________________________________

As a participant in the 2014 DIMACS/RUTGERS MATH REU Program (the “Program”) I agree…

… to conduct myself overall in a manner consistent with my status as a visitor at DIMACS at Rutgers University in Piscataway, New Jersey, USA, and to abide by all local rules and regulations, including those of the host institutions and laboratories, and the housing authorities.

… to abide by the local regulations regarding the consumption of alcohol. Abuse of alcohol will be punished according to local regulations and will, additionally, result in a hearing with Program administrators. Disciplinary action from the Program will reflect the circumstances of the infraction, and will range from formal reprimand to expulsion from the Program.

… to refrain from the use and/or possession of drugs (other than prescription drugs used under the care of a physician) during the Program. I understand that violation will result in immediate expulsion from the Program. I further understand that the US government has a zero tolerance policy with regard to drug smuggling and possession, and that severe penalties can be imposed for violation.

… to refrain from sexual or other harassment of Program participants and staff, and of others. Acts of individuals or of groups that diminish the friendliness of the participants’ workplaces and other Program venues, will not be tolerated. Disciplinary action from the Program will reflect the circumstances of the infraction, and will range from formal reprimand to expulsion from the Program.

… to participate fully in the Program, including attendance at all seminars, presentations, and institutional field trips, and to create and maintain a website that chronicles the progress of my research project in the Program.

Applicant Agreement and Signature:

I have read and understand the above code of conduct and penalties for infractions, and I agree to abide by this code during my participation in the 2014 DIMACS/ RUTGERS MATH REU Program.

Applicant’s Signature _____________________________________________

Date __________________________

Return form to:  DIMACS Center/CoRE Building
Rutgers University
96 Frelinghuysen Road
Piscataway, NJ 08854-8018
Attn: REU Program
Participation Contract, Waiver of Liability, Assumption of Risk and Indemnity Agreement

In consideration of being given the opportunity to participate in the DIMACS/RUTGERS MATH Research Experience for Undergraduates (REU) Program (“the Program”), I:

1. **ACKNOWLEDGE**, agree, and represent that: (a) I have read the participant’s code of conduct for the Program, and agree to abide by these rules and regulations for safe participation; and (b) I am qualified and in good health and proper physical condition to participate in the Program.

2. **FULLY UNDERSTAND** that I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Program.

3. **HEREBY RELEASE**, discharge, and covenant not to sue the Regents of Rutgers University, DIMACS Center, the Department of Mathematics and the officers, employees and agents thereof (each considered one of the “Releasees” herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

____________________________________________  _______________________
Participant’s Signature                  Date

If the participant is under twenty-one (21) years of age, a parent or legal guardian through signature below must also accept the conditions of participation.

____________________________________________  _______________________
Parent’s/Guardian’s Signature                  Date

____________________________________________
Parent’s/Guardian’s Name (printed)
Research Agreement

DIMACS/RUTGERS MATH Research Experience for Undergraduates (REU)
DIMACS Center & Department of Mathematics
Rutgers University

Participant Name _______________________________________________________

As a participant in the 2014 DIMACS/RUTGERS MATH REU Program (the “Program”), I agree to:

• Attend all seminars and presentations scheduled for the REU program.

• Set up a web page on the DIMACS site within the first two weeks of the program, describing in detail my project.

• Maintain my web page and keep it updated with any progress I make on my project throughout the program.

• Within two weeks after the end of the program, I agree to update my web page with the results of my project, and to continue updating the page if I make continued progress after that.

• Make two presentations about my project during the program, detailing its scope and my progress.

• Submit to DIMACS a final report on my project within one month after the end of the program.

• Accurately complete an evaluation of the program.

Applicant Agreement and Signature:

I have read and understand the research agreement, and I agree to abide by this agreement during my participation in the 2014 DIMACS/RUTGERS MATH REU Program.

Applicant’s Signature _______________________________________________________

Date ___________________________
Emergency Contact Information and Consent-to-Treat Form

DIMACS/RUTGERS MATH Research Experience for Undergraduates (REU)
DIMACS Center & Department of Mathematics
Rutgers University

Participant’s Name: ________________________________

Date of Birth: ___________ (mm/dd/yy)

Participant’s Home Address: ______________________________________________________
   ____________________________________________________________

Participant’s Home Phone: ________________________________
   ____________________________________________________________

Participant’s Emergency Contact Information:

In emergency, please contact: __________________________________________________
   Relationship: __________________________________________________________
   Home phone: __________________________________________________________
   Work Phone: __________________________________________________________

Alternate Contact: __________________________________________________________
   Relationship: __________________________________________________________
   Home phone: __________________________________________________________
   Work Phone: __________________________________________________________

Personal Physician: _________________________________________________________
   Phone: ________________________________________________________________

Medical Insurance:
   Carrier: ________________________________________________________________
   ID #: _________________________________________________________________
   Carrier: ________________________________________________________________
   ID #: _________________________________________________________________

Personal Dentist: __________________________________________________________
   Phone: ________________________________________________________________
Consent to Treat:

I, the undersigned participant in the DIMACS/RUTGERS MATH REU Program, if I am unconscious or incapacitated, do consent to emergency medical treatment as recommended by a physician during my participation in the Program. Additionally, I give my permission for Program administrative staff to authorize appropriate emergency medical treatment as recommended by a physician during my participation in the Program. This authorization shall continue in force until the conclusion of the Program on August 1st, 2014.

Participant’s Signature __________________________ Date __________________________

If the participant is under twenty-one (21) years of age, a parent or legal guardian through signature below must also give their permission for emergency medical treatment under the above conditions.

Parent’s/Guardian’s Signature __________________________ Date __________________________

Parent’s/Guardian’s Name (printed)

OR

☐ (check box) I refuse to give my consent to emergency medical treatment as recommended by a physician during my participation in the Program. Furthermore, I refuse to give my permission for Program administrative staff to authorize appropriate emergency medical treatment.

Participant’s Signature __________________________ Date __________________________

If the participant is under twenty-one (21) years of age, a parent or legal guardian through signature below must also refuse their permission to treat the participant in the event of a health or medical emergency.

Parent’s/Guardian’s Signature __________________________ Date __________________________

Parent’s/Guardian’s Name (printed)
Confidential Health Information Form

DIMACS/RUTGERS MATH Research Experience for Undergraduates (REU)
DIMACS Center & Department of Mathematics
Rutgers University

Participant’s Name ____________________________________________________

Date of Birth _______ (mm/dd/yy)  Height _______  Weight_________

Health Insurance: Please note that the Program does not provide health insurance. It is strongly recommended that all Program participants check with their health insurance carriers to verify if their coverage will apply at DIMACS, and to obtain supplemental insurance if needed.

Do you have or have you had any disease or condition requiring medication, regular physician’s care, surgery or other treatment? If yes, please list:
_______________________________________________________________________
_______________________________________________________________________

Do you take any medication(s) on a regular, on-going basis? If yes, please list:
_______________________________________________________________________
_______________________________________________________________________

Have you ever sought professional help for a psychiatric or emotional problem? If yes, please explain:
_______________________________________________________________________
_______________________________________________________________________

Do you have any of the following? If yes, please explain type and severity:
Medication Allergies    NO    YES ___________________________
Food Allergies          NO    YES ___________________________
Other Allergies         NO    YES ___________________________
Asthma                  NO    YES Require epinephrine or hospital? _________
Diabetes                NO    YES Require insulin? _________________
Epilepsy                NO    YES Explain: ___________________________

Do you have any other health condition that we need to know about? If yes, explain:
_______________________________________________________________________

I understand that submission of inaccurate and/or incomplete information about medical and psychiatric health history may result in dismissal from the program. □  Yes  □  No

Participant’s Signature _______________________________________________

Date _______________________________________________