# **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

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

## Participation Contract, Waiver of Liability, Assumption of Risk and Indemnity Agreement

Participant Name

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 Addre	SS:						
Participant's Home Phone	:						
Participant's Emergency	Contact Inform	ation:					
In emergency, please cont	act:						
	Relationship:						
	Home 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 1<sup>st</sup>, 2014.

Participant's Signature

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

Parent's/Guardian's Name (printed)

<u>OR</u>

 $\Box$  (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

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

Date

Parent's/Guardian's Name (printed)

Date

Date

# **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: recommended that a will apply at DIMA	ll Progra	am parti	cipants	check with	n their he	alth insuranc		is strongly verify if their coverage
Do you have or have other treatment? If			sease o	r condition	requirin	g medication	, regular phy	vsician's care, surgery or
Do you take any me	dication	(s) on a	regular	, on-going	basis? If	yes, please	list:	-
Have you ever soug	ht profes	ssional l	elp for	a psychiat	ric or em	otional probl	em? If yes, j	- please explain: -
Do you have any of	the follo	owing?	If yes, 1	please expl	ain type	and severity:		_
Medication A						5		_
Food Allergi	-		NO	TITO				
Other Allerg	jies		NO					
Asthma	NO	YES				ospital?		
Diabetes	NO	YES	-					_
Epilepsy	NO	YES	Expla	in:				_
Do you have any ot	her healt	h condi	tion tha	t we need t	o know a	bout? 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.  $\Box$  Yes  $\Box$  No

Participant's Signature

Date