

**State Science & Technology Fair of Iowa (SSTFI)
ISEF Participant Instructions
Please read these instructions FIRST!**

IMPORTANT!

When you enter your information on the ISEF website,
use Fair ID Number 250301

The SSTFI will collect all of the information that is to be mailed to the Intel ISEF, double check all paperwork and will forward it to the Intel ISEF. It is important for you to follow all of the directions in this packet.

Collect all of the forms and printed materials required to be sent in including all **Intel ISEF paperwork**, the Iowa Delegation **Participant Agreement**, **Liability Waiver** and **Medical Information/Release Form** and forward to:

**Andrea B. Spencer
52653 160th Street
Gilbert, IA 50105**

My phone number is 515-460-5559
My e-mail address is aspence@iastate.edu

I MUST HAVE ALL MATERIALS IN MY HANDS BY
Thursday, APRIL 2

Please feel free to contact me with any questions or concerns.

Travel Plans:

I will also need to enter in the official party registration at the same time. The student and teacher/mentor are automatically included with the travel group. If there are family members or other guests who would like to accompany you I need to know by **Thursday, April 2**. This may be done by sending me an e-mail to the above address. I must also receive the Iowa Delegation **Participant Agreement**, **Liability Waiver** and **Medical Information/Release Form** from each person accompanying you.

For additional copies of the paperwork please visit www.sciencefairiowa.org

**State Science & Technology Fair of Iowa (SSTFI)
ISEF Student Observer Information**

Congratulations!

The SSTFI is pleased to offer you an opportunity to participate at the 2009 Intel International Science and Engineering Fair May 9 – 17, in Reno, Nevada.

Student Observers also earn an all expense paid trip and their Sponsoring Teacher qualifies to have expenses paid!

Any parent traveling with you will need to cover their own cost.

If you would like to attend you must contact the Fair Director by phone or e-mail by
Tuesday, April 2, 2009.

Please complete and return the following forms:

- **Iowa Delegation Participant Agreement,**
- **Liability Waiver**
- **Medical Information/Release Form**
- **Intel ISEF 2009 Ambassador Registration**
(optional – but highly recommended!)

Mail Forms to:

Andrea B. Spencer
52653 160th Street
Gilbert, IA 50105

My phone number is 515-460-5559

My e-mail address is aspence@iastate.edu

I MUST HAVE ALL MATERIALS IN MY HANDS BY
Thursday, APRIL 2.

Please feel free to contact me with any questions or concerns.

Travel Plans:

If there are family members or other guests who would like to accompany you I need to know by **Tuesday, March 31st**. This may be done by sending me an e-mail to the above address. I must also receive the Iowa Delegation **Participant Agreement, Liability Waiver and Medical Information/Release Form** from *each person* accompanying you.

For additional copies of the paperwork please visit www.sciencefairofiowa.org

Iowa Intel ISEF Delegation PARTICIPATION AGREEMENT

(ALL persons traveling/attending the Intel ISEF MUST complete this paperwork!)

We are pleased to offer you the opportunity to be part of the Iowa delegation at the Intel International Science and Engineering Fair to be held May 9 – May 17, 2009, in Reno, Nevada. Please complete and return this form by **Thursday, April 2, 2009** to accept your offer to participate in the program. If you do not return the form by this date, the fair director reserves the right to offer this opportunity to the next alternate.

Full Name (printed): _____ (to be used on ticket information)

I accept the opportunity to participate in the Intel ISEF. I understand and agree to the following terms/conditions related to this opportunity:

If a participant or accompanying sponsor for which the State Science & Technology Fair of Iowa is covering the travel costs for your participation:

1. I will submit all entry paperwork by **April 2, 2009**.
2. I will provide a **Medical Release Form** to the Fair Director
3. I will provide a signed **Liability Waiver** to the Fair Director
4. I will follow the rules, regulations, and safety practices as laid out by the fair administrators and any application to state or local laws.

As a teacher, family member, or guest who is accompanying the delegation but who is responsible for his/her own payment for travel:

1. I will provide a **Medical Release form** to the Fair Director
2. I will provide a signed **Liability Waiver** to the Fair Director
3. I will follow the rules, regulations, and safety practices as laid out by the fair administrators and any application to state or local laws.
4. I will submit **\$500** to the Fair Director by **April 30, 2009** to *cover a partial amount* of the anticipated total travel costs (this includes travel, lodging and registration). I understand that after the fair trip that I will receive a bill for the remaining balance of my travel expenses. I agree to provide payment within 30 days of receipt of this final bill. Checks may be made out to Iowa State University.

I understand that failure to comply with any of the above items could impact my participation/involvement with future ISEF sponsored fairs within the state of Iowa.

Participant's signature

Date

Parent's/Guardian's Statement (if participant is under age of 18): I agree to the terms stipulated above and give permission for my son/daughter to attend the ISEF trip.

Parent/Guardian signature

Date

**IOWA STATE UNIVERSITY
STATE SCIENCE & TECHNOLOGY FAIR OF IOWA (SSTFI)
Iowa Intel International Science and Engineering Fair Participants
RELEASE AND WAIVER OF LIABILITY**

PLEASE READ THIS CAREFULLY.

It affects any rights you may have if you are injured or otherwise suffer damages while participating in the Intel International Science and Engineering Fair (ISEF) sponsored by the State Science and Technology Fair of Iowa. The Intel ISEF is scheduled for May 9 through May 17, 2009 in Reno, Nevada.

I, _____ (participant) hereby release, waive, discharge and covenant not to sue the SSTFI or its board of directors, the State of Iowa, the Board of Regents -- the State of Iowa, Iowa State University, and any of the officers, servants, agents and employees of the above-mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my participation in the above-described activities.

I agree to indemnify and hold harmless the RELEASEES whether injury is caused by my negligence, the negligence of the RELEASEES or the negligence of any third party. I further agree that this Release and Waiver of Liability shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of Iowa.

By signing this Release and Waiver of Liability, I state that I have read and understand the conditions set forth in this Release and that I agree to all conditions set forth herein, and that I sign this voluntarily.

Date

Name (please print)

Signature

Signature of Parent or Guardian (if under 18)

2/17/2009

Iowa Intel ISEF Delegation Medical Information/Release Form

NOTE: The Release and Waiver of Liability must be signed by the participant's legal guardian if the participant is not of legal age.

PARTICIPANT INFORMATION

Participant's Name _____ Social Security # _____
Permanent Address _____ Date of Birth _____ Sex _____
City, State, Zip _____ Home Phone () _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First: _____ Backup Contact (Relative or Friend):
Name _____ Name _____
Relation to Participant _____ Relation to Participant _____
Daytime Phone () _____ Daytime Phone () _____
Evening Phone () _____ Evening Phone () _____
e-mails _____

Are you allergic to any medications? _____

List current prescriptions/medications _____

INSURANCE POLICY INFORMATION

Yes No The above-named participant is covered by health insurance.

If yes, provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____
Address _____ Relation to Participant _____
City, State, Zip _____ Occupation _____
P.H.'s Employer's Name _____
Employer Address _____
Insurance Company Name _____
Insurance Company Address _____
Policy # _____ Plan # _____

PARENTAL PERMISSION (for participants under 18 years of age)

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for my son/daughter by an available medical facility. I understand that any health care facility will make every reasonable effort to contact me first, time and conditions permitting.

Name (please print) _____ Signature _____

Relationship _____ Date _____