**SCIENCE DAY**
University of North Dakota School of Medicine and Health Sciences

**MAY 2, 2015**
A FREE EVENT FOR 5TH & 6TH GRADERS

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**Morning Session:**
Registration from 8:30 – 9 a.m.; Session from 9 a.m. – Noon

**Afternoon Session:**
Registration from 12:30 – 1 p.m.; Session from 1:00 – 4 p.m.

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**Human Anatomy:**
Learn about human body systems through hands-on experience with REAL preserved human specimens and models of the heart, brain, lungs, kidney and bones!

**Medical Instruments:**
Ever been to the doctor and he or she pulls out those odd tools to examine you? What does the doctor see when examining you? Learn about why these tests are done and how they work!

**Nutrition and Exercise:**
Do you know how much sugar is in the things you drink? Learn healthful nutrition and living habits from REAL medical students!

**Grossology:**
What’s the grossest thing you can imagine? Vomit? Snot? Saliva? Bad breath? Body odor? Learn about what is actually in those things that make them so gross!

**Science Experiments:**
Learn how to perform experiments like a scientist. Discover how basic science principles can explain how the world works. Show your friends—most experiments can be done at home!

**Human Hygiene:**
Learn about the dangers and long-term effects of smoking, and how to say “NO” to pressures to smoke from peers and advertising. Find out just how well you wash your hands with an experiment that reveals it all!

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**Registration Form**

Space is limited to 150 students in each session to be filled on a first-come, first-served basis. You will be contacted only if space is **not** available. The event is **free**.

Child’s name: ________________________________________________________________

School Name: _______________________________________________________________

Grade? ___5th ___6th Which Session? ___morning ___afternoon Parent/Guardian will attend session? ___yes ___no

Parent or guardian name(s) ____________________________________________________

Address and phone number: __________________________________________________

Emergency contact and phone number:__________________________________________

Parent/Guardian Signature: _________________________________________________

Please return registration form and signed waiver by **April 24, 2015**, to UND School of Medicine and Health Sciences Office of Community Relations, Attn: Kristen Peterson, Stop 9037, 501 N. Columbia Road, Grand Forks, ND 58202-9037

For more information, please contact Kristen Peterson
kristen.peterson@med.UND.edu, 701.777.4305, fax: 701.777.3408
http://med.und.edu/events/science-day.pdf
ACKNOWLEDGMENT AND ASSUMPTION OF RISK

The undersigned parent and/or legal guardian does hereby acknowledge that he/she is aware of the dangers and the risks to the participant’s person and property involved in participating in:

______________________________________________________________________________________________
______________________________________________________________________________________________

The undersigned parent and/or legal guardian and participant understand that the University of North Dakota does not insure participants in the above-described activity, that any coverage would be through personal insurance, and the University of North Dakota has no responsibility or liability for injury resulting from this activity.

The undersigned parent and/or legal guardian acknowledges that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.

WAIVER OF LIABILITY AND INDEMNIFICATION:

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, the participant, his/her personal representatives, heirs, next of kin, successors and assigns, the undersigned parent and/or legal guardian forever:

a. waives, releases, and discharges the University of North Dakota and its agencies, officers, and employees from any and all liability for the participant’s death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to the participant, and the participant’s estate as a direct or indirect result of participation in the activity or event; and

b. defend, indemnify, and hold harmless the University of North Dakota, its agencies, officers and employees, from and against any and all claims of any nature including all costs, expenses and attorneys’ fees, which in any manner result from participant’s actions during this activity or event.

Consent is given for the participant to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to myself, the minor participant regarding any losses the participant may sustain as a result of participation in the activity. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

READ BEFORE SIGNING

Name of Minor: ____________________________________________ Age of Minor: _______

Signature of Parent/Guardian: ____________________________________________ Date _______________

Printed Name of Parent/Guardian: ____________________________________________ Date _______________

Witness: ____________________________________________ Date _______________

(To be retained by originating department)