

## INSTITUTE 2009 - CODE OF CONDUCT

**ADVISERS:** Duplicate this page, have each participant and parent/guardian sign it and bring the signed forms with you to the Institute registration desk at Morrison on Monday, June 15 between 9 a.m. and noon. This signed form must be in the hands of Institute staff before registration will be considered completed.

1. All students at the Institute must be accompanied by an adviser or chaperone approved by his or her school, at least one adult per 12 students.
2. Advisers and chaperones must know where their students are at all times. They must enforce curfews and quiet time.
3. Inappropriate, dangerous or rude behavior in the dorms and misuse of or destruction of University property is not acceptable and will lead to the participant's paying financial reparation to the University and other severe consequences to anyone involved. Students found misbehaving will be asked to leave, forfeiting fees, with Institute officials reserving the right to send disruptive students home at their parents' expense.
4. Students must be in classes when classes are in session. Roll will be taken in each class, and assistants will notify advisers of students missing class.
5. A 10:30 p.m. time to be in the dorm and an 11:30 p.m. time for all students to observe quiet in their own rooms are set for every night, with exceptions made for advisers working on class projects with groups in rooms or in dorm lobbies. Lights-out time midnight.
6. Smoking, drinking or possessing alcoholic beverages, and using or possessing illegal drugs are not allowed. All rules in effect at N.C. high schools are in effect at the NCSMA Institute, with all Institute advisers acting as teachers with jurisdiction over all students at the Institute.
7. It is recommended that students NOT drive to the Institute. Parking is at a premium, and traffic is heavy. If an adviser deems it necessary for a student to drive to Chapel Hill, it is recommended that the adviser collect keys from student drivers. Students will not be allowed to drive during the Institute.

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### *Release and Indemnity Agreement & Consent for Medical Treatment*

As a part of the consideration for my/my child's participation in the North Carolina Scholastic Media Institute, I hereby release, hold harmless, and forever discharge The University of North Carolina at Chapel Hill, its employees and agents, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or my child or to any property belonging to me or my child while participating in such activity, except damages or injuries that are attributable to the negligence of the University, its employees or agents. I am aware of the risks and hazards associated with this activity, including travel to and from the activity, and I acknowledge that I am/my child is required to follow the code of conduct printed on this page. I acknowledge that my/my child's participation in this activity is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and any property damage that may be sustained by me or my child as a result of such activity. I hereby give permission to N.C. Scholastic Media Association to use my/my child's name and photographic likeness in all forms and media, including the N.C. Scholastic Media Association newsletter, The Scoop.

By return of this form, I agree to inform the N.C. Scholastic Media Association of any health or medical condition or need that may affect my/my child's participation in this program. I understand that I must make provision before my/my child's arrival in Chapel Hill for continuation of medical treatments such as prescriptions or special diets. In the event of illness or injury, I hereby authorize the program directors, staff, or other agents to obtain emergency or other medical treatment for me/my child as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the University to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable.

This release and hold harmless agreement is binding on myself, my child, my heirs, my assigns, and personal representatives.

By signing on the line designated for signature of parent or guardian below, I acknowledge that I am the parent or guardian of \_\_\_\_\_, that I am 18 years old or more, and that, if my child is age 18 or more, I am signing this form to indicate that I am aware of its contents and the contents of the code of conduct.

**Please print.**

Name of Participant: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_  \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company and Policy #: \_\_\_\_\_