



Our **VISION** is to inspire and support women of all ages to enhance or pursue careers in science, technology, engineering and math; with a **MISSION** to provide professional development, networking and outreach opportunities for women in STEM fields to enhance their careers and encourage others to pursue careers in STEM.

Facebook Group:
[Tristate Women in Science Technology Engineering and Math](#)

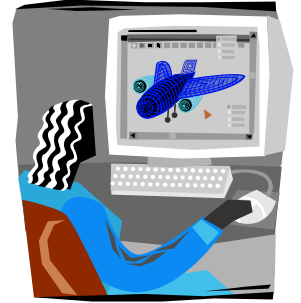
Membership:
Membership is \$20. To request a membership application, please send an email to the address below.

Email Suggestions to:
twiSTEM.evv@gmail.com

Beauty of Engineering

An Experience in Engineering and Computing Science for Girls in 4th through 8th grades.

Activities are executed in a rotation through various STEM related stations staffed by professional women and college students in the fields of engineering and computing science.

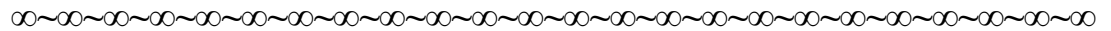


SPONSORED BY:

TwSTEM

*(Tri-State Women in Science, Technology, Engineering, and Math) and
University of Evansville
College of Engineering and Computer Science*

- Who Should Attend** Girls in 4th through 8th grade
- **Enrollment is LIMITED to first 200 girls.**
 - **2015 was 100% reserved by February 1**
- When Time** Saturday, March 4, 2017
- Start 8:00 a.m. (check-in 7:45) – please no late arrivals
 - End 11:15 a.m. - girls left after 11:30 will not have an escort
- Where** University of Evansville, 1800 Lincoln Ave, Evansville, IN
- Koch Center for Engineering and Science (First building on the right as you turn onto the one-way drive off Lincoln Ave.)
- Cost per Attendee** \$10.00
- per participant non-refundable (except in the event of event cancellation or full to capacity)
- Registration** MAIL (Registration Form, Waivers and Payment (check or money order)
- TO: twiSTEM re: The Beauty of Engineering, PO Box 1113 Newburgh, IN 47630
 - Registration is open until February 24, 2017.
 - DO NOT FAX or EMAIL Registrations
- Questions** Please email twiSTEM.evv@gmail.com.



ORGANIZATIONS ARE WELCOME.

ORGANIZATIONS must register their participants on the same form and at the same time. Each organization must have at least one and no more than two adults with the group. Only accompanying organization leaders will be allowed to attend the stations.

Beauty of Engineering - REGISTRATION FORM

DIRECTIONS FOR INDIVIDUALS: *if you are registering more than one girl and you are not the parent of that girl, please use the line below her name to provide the contact information for her parent or guardian. Payment and waivers must arrive with the registration form in order to be considered.*

DIRECTIONS FOR ORGANIZATIONS: *If you are registering an organization, please put the name and contact information for the leader who will be attending with the participants and add each participant below. There is no charge for a leader. Use additional forms if necessary.*

Name: (Organization leader or non-organization parent)

Address: _____

City: _____ State _____ Zip _____

Phone to best reach you: _____ e-mail: _____

Participants:

First and Last Name	Age	Grade

USE BACK OR ADDITIONAL SHEET IF NECESSARY

Instructions to send registration to twiSTEM:

- | | |
|--|-------------------------|
| 1. A Registration form listing participant(s). | Total Attending: _____ |
| 2. A check or money order (Payable to Tri-state Women in STEM) to cover the cost of \$10 per each participant listed above. | Total Payment: \$ _____ |
| 3. A Waiver for each individual listed – Participants MUST have a separate waiver form. | Number Waivers: _____ |
| 4. Deadline: PAYMENT, REGISTRATION FORM and signed WAIVER(S) MUST BE RECEIVED BY February 24, 2017. | |

Event:

A light snack may be provided. Please indicate any food allergies:

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I, _____ [print name] ("Participant"), hereby acknowledge that I have voluntarily elected to participate in the **Beauty of Engineering** event (to be further referred to as "the Activity"), to be held in Koch Center on the University of Evansville campus, on Saturday, March 4, 2017 and hosted by the College of Engineering and Computer Science.

In consideration for being permitted by the University of Evansville (UE) to participate in the Activity, I hereby acknowledge and agree to the following: ELECTIVE PARTICIPATION: I acknowledge that my participation is elective and voluntary and that my participation is not required by the University of Evansville.

RULES AND REQUIREMENTS: I agree to conduct myself in accordance with UE policies and procedures. I further agree to abide by all the rules and requirements of the Activity. I acknowledge that UE has the right to terminate my participation in the Activity if it is determined that my conduct is detrimental to the best interests of the group; my conduct violates any rule of the Activity; or for any other reason in UE's discretion.

INFORMED CONSENT: I have been informed of and I understand the various aspects of the Activity. I understand that there are risks involved in participation in the Activity which include, but are not limited to: injury from catapulting tennis ball or other materials used in workshops; travel to and from Activity site via private vehicle, common carrier, conditions of facilities, injuries due to condition of equipment, weather conditions, wildlife, negligent first aid operations and there may be other risks not known to me or not reasonably foreseeable to me at this time. In addition, I understand that as a participant in the Activity, I will engage in physical activities, including building and testing catapults; designing, constructing, and testing projects; completing a simple circuit; learning a simple computer program, during which some risk of serious personal injuries, illness, or property damage may be present. I understand that these risks may be a consequence of not only UE's actions or inactions, but also the actions, inactions, negligence or fault of others, and that there may be other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness or property damage that I may sustain by any means is my sole responsibility.

RELEASE AND WAIVER OF LIABILITY: I, on behalf of myself, my personal representative, heirs, executors, administrators, agents, and assigns, **HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** UE, their Board of Trustees, directors, officers, employees, agents, volunteers, and any students (hereinafter referred to as "Releasees") for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees) arising from any injury or property damage that I may suffer as a result of my participation in the Activity, **REGARDLESS OF WHETHER THE INJURY OR DAMAGE IS CAUSED BY THE RELEASEES, UNLESS THE INJURY OR DAMAGE IS CAUSED BY THE RELEASEES' NEGLIGENCE OR INTENTIONAL ACTS, AND REGARDLESS OF WHETHER THE INJURY OR DAMAGE OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE ACTIVITY, OR ANY ADJUNCT TO THE ACTIVITY, OCCURS OR IS BEING CONDUCTED.** I further agree that the Releasees are not in any way responsible for any injury or damage that I sustain as a result of my own negligent acts.

ASSUMPTION OF RISK: I understand that there are potential dangers incidental to my participation in the Activity, some of which may expose me to the risk of personal injuries or property damage. I understand that these potential risks include, but are not limited to: injury from the activities listed above, travel to and from Activity site via private vehicle; injuries due to condition of equipment, weather conditions, facility conditions, wildlife, first aid operations of Releasees and other risks that are unknown at this time. In addition, I understand that as a participant in the Program, I will engage in physical activities including building and testing catapults; designing, constructing, and testing projects; completing a simple circuit; learning a simple computer program, during which I

could sustain serious personal injuries, illness or death. **I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF THE RELEASEES, UNLESS THEY ARISE FROM THE RELEASEES' INTENTIONAL OR NEGLIGENT ACTS,** and assume full responsibility for my participation in the Program.

INDEMNITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless, defend and indemnify the Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury or property damage that I may suffer as a result of my participation in the Activity, **REGARDLESS OF WHETHER THE INJURY OR DAMAGE IS CAUSED BY THE RELEASEES OR OTHERWISE, UNLESS THE INJURY OR DAMAGE IS CAUSED BY THE RELEASEES' NEGLIGENCE OR INTENTIONAL ACTS.**

PERSONAL MEDICAL INSURANCE: I acknowledge that I am responsible for the cost of any and all medical health services I may require as a result of participating in the Activity.

CERTIFICATION OF FITNESS TO PARTICIPATE: I attest that I am physically and mentally fit to participate in the Activity and that I do not have any medical record of history that could be aggravated by my participation in this particular Activity.

MEDICAL CONSENT: I understand and agree that UE may not have medical personnel available at the location of the Activity. In the event of any medical emergency, I (**initial one**) **do** **do not** authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care necessary for my safety and protection. I understand and agree that Releasees assume no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

CHOICE OF LAW: I hereby agree that this Agreement shall be construed in accordance with the laws of the State of Indiana.

SEVERABILITY: If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF AGE OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OF MY PARENT OR GUARDIAN AS WELL AS MY OWN.

Signature of Participant Date

Emergency Contact _____
Phone # _____

Signature of Parent/Guardian for Participants under eighteen (18) years of age:

I certify that I have custody of participant or am the legal guardian of Participant by court order. **I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES.** I join with Participant in granting a release to Releasees as set forth in detail above.

Signature of Parent or Guardian Date