

## 2022 madiSTEM Parent/Guardian Form Packet

Thank you for registering your child for the madiSTEM Conference at James Madison University through the online registration system. This packet contains forms related to the 2022 conference. Please read the following instructions carefully.

### 1. Release/Permission Form for Conference Participation and COVID-19 Parent/Guardian Assumption of Risk Form

The first two forms in the packet are the release form for the conference and a COVID-19 assumption of risk form. **Both of these forms are required in order for your child to be able to attend the madiSTEM conference, and both must be signed by a parent/guardian.**

### 2. Informed Consent Form

The conference organizers are studying the effectiveness of the madiSTEM Conference, and they invite all students attending the 2022 madiSTEM Conference to participate in this study by completing questionnaires during the conference. The data from this study would be very useful to the conference organizers to evaluate and continue improving the program, and we hope that you will help us collect this important information. A full description of the study is included in the last form in this packet.

Participation in this study is voluntary, and you do not have to agree to allow your child to take part in the study in order for them to participate in the madiSTEM program. To take part in the study, BOTH the student and a parent/guardian must give permission by signing and returning forms.

- To give your permission for your student to participate, you (the parent/guardian) complete and sign the Informed Consent Form (the 3<sup>rd</sup> form in the packet).
- In order for your student to give their permission to participate, the student completes and signs the Youth Assent Form, which is posted separately on the madiSTEM website and will be distributed digitally in a separate email.

A link to complete this packet digitally via Adobe Sign will be emailed to the parent/guardian email address listed on each student's registration form. You may either

- **Complete and submit your forms digitally using the emailed link by Wednesday, March 23<sup>rd</sup>, or**
- **Bring completed paper forms with you on Saturday, March 26<sup>th</sup>, and turn them in at the conference check-in table when you arrive.**

Please see the madiSTEM website [www.jmu.edu/madistem](http://www.jmu.edu/madistem) for information about the conference's COVID-19 protocols, including information about vaccine/testing documentation that will be required at check-in.

If you choose to use paper forms, please triple-check that your student has their completed and signed release/permission form and COVID-19 assumption of risk form with them when they leave for the conference.

James Madison University – madiSTEM Conference - March 26, 2022

RELEASE FORM FOR CONFERENCE PARTICIPATION

Name of Child Attending	
Name of Parent or Guardian	
Contact Phone Number During Conference	
Name of Emergency Contact Person	
Emergency Contact Phone Number	

This activity presents the risk of injury. This exculpatory release confirms that the participant who signs below accepts all aspects of that risk.

**PARENTAL PERMISSION:**

I give full permission for my child to attend the madiSTEM Conference held at the James Madison University on the dates of March 26, 2022.

**MEDIA RELEASE:**

I do hereby give JAMES MADISON UNIVERSITY, their assigns and legal representative the irrevocable right to use my child’s photograph or video images in all forms and media for education or other lawful purposes in its publications and displays. I waive my right to preview or approve the finished product, including written copy that may be created in connection therewith. I understand no fee will be paid to me now or in the future. I have read this release and understand its contents.

**MEDICAL RELEASE:**

I give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me and to secure routine, non-surgical medical care as needed. Please be advised that you are fully responsible for all expenses incurred for any medical care that your child receive during the program. Students (parent or legal guardian) are responsible for providing their own health insurance.

**WAIVER OF LIABILITY:**

I agree to indemnify, release and hold harmless the madiSTEM Conference, James Madison University, the Commonwealth of Virginia, and their respective officers, agents, employees and volunteers from any and all costs, liabilities, expenses, claims, compensation, demands, or causes of action on account of any loss or damage to person or property of the aforementioned child arising out of or in connection with his/her participation in the aforementioned conference and related conference activities.

*As the parent and/or guardian of the minor named above, I have the legal authority to execute the above releases. I have read the above releases and understand their contents. I certify that I am at least 18 years of age. I approve the foregoing and waive my rights in the premise.*

Parent/Guardian  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit your forms digitally by Wednesday, March 23<sup>rd</sup>, via the Adobe Sign link that you received via email or bring completed paper forms to the conference check-in table on Saturday, March 26<sup>th</sup>.

**James Madison University – madiSTEM Conference - March 26, 2022**

**COVID-19 PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK FORM**

<b>Name of Child Attending</b>	
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As a parent/guardian of a participant in the madiSTEM Conference at James Madison University (JMU) scheduled on March, 26, 2022, I accept the following conditions of participation for my student, and I acknowledge that I have been informed of the general nature of the risks involved in this activity, including, but not limited to contracting diseases such as COVID-19, also known as the coronavirus disease.

COVID-19 is a pandemic disease that spreads from person-to-person. COVID-19 can cause mild to severe illness. Nevertheless, people of all ages are at risk of contracting COVID-19, and people with severe chronic medical conditions including, but not limited to, heart disease, lung disease, and diabetes, are at a higher risk of developing serious COVID-19 illness.

Symptoms of COVID-19 include, but are not limited to, fever, cough, and shortness of breath. Reported illnesses may range from very mild (including some with no reported symptoms) to severe, including death. If my student feels sick, I agree not to send them to the facility, and that they will stay home for the period of time recommended by the Centers for Disease Control and Prevention (the “CDC”). During this period of quarantine, my student may leave the house to receive medical attention if necessary.

Additionally, while my student participates in the program, I agree to ensure that they take all necessary precautions recommended by the CDC to prevent the spread of COVID-19, including but not limited to, washing their hands thoroughly and often, wearing a mask to cover their mouth and nose, and abiding by other applicable rules, regulations or directives from appropriate authorities with respect to the protection of public health.

I agree to ensure that my student abides by any and all specific requests by the University and the facility for their safety and the safety of others, as well as any and all of the University’s and the facility’s rules and policies applicable to all activities related to this program. I understand that the University and the facility reserve the right to exclude my student’s participation in this program if their participation or behavior is deemed detrimental to the safety or welfare of others.

In consideration for my student being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury or illness to my student which may occur as a result of my student’s participation in this program, unless any such personal injury or illness is directly due to the negligence of the University and/or the facility. I understand that this Assumption of Risk form will remain in effect during any of my student’s subsequent visits and program-related activities, unless a specific revocation of this document is filed in writing with a JMU Program Supervisor, at which time my student’s visits to or participation in the program will cease. In case an emergency situation arises, please contact

\_\_\_\_\_ (name) at \_\_\_\_\_ (phone number).

***I acknowledge that I have read and fully understand this document, and have discussed this information with my student. I further acknowledge that I am accepting these personal risks and conditions of my own free will.***

**Parent/Guardian  
Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

Submit your forms digitally by Wednesday, March 23<sup>rd</sup>, via the Adobe Sign link that you received via email or bring completed paper forms to the conference check-in table on Saturday, March 26<sup>th</sup>.

## **PARENT/GUARDIAN INFORMED CONSENT**

The organizers of the madiSTEM Conference are conducting a program evaluation study on the conference to learn how effective it is for the youth in our community. Many sponsors desire to invest their resources in programs that have been shown to be effective. We would appreciate your help with this important task. Participation is voluntary. Your child will be asked to complete questionnaires during the program. These questionnaires will ask about their interest in STEM classes and careers, their perceptions of women in STEM fields, and the overall effectiveness of the madiSTEM program. By signing this form, you are agreeing to allow us to use your child's responses in this confidential evaluation.

### **Questionnaire Procedures**

Completing each questionnaire should take about 5 minutes. Most of the questions are multiple-choice. This is not a test. There are no right or wrong answers.

**Participating in this study is entirely voluntary. You do not have to agree to allow your child's responses to be used in this study in order for them to participate in the madiSTEM program.**

### **Potential Benefits of Participating in the Study**

Potential benefits from participation in this study include increased understanding of the effectiveness of the madiSTEM Conference in this specific community and programmatic improvement of the madiSTEM Conference in the coming years. These improvements will benefit all of the students that attend the conference.

### **Potential Risks of the Participating in the Study**

The investigators do not perceive more than minimal risks from your child's involvement in this study (that is, no risks beyond the risks associated with everyday life). If your child feels like the questionnaire is taking too long, is making them upset, gets tired, or if for any other reason they want to stop, they may do so at any time.

### **Confidentiality**

All of the answers that are given as part of this questionnaire will be kept private. They will only be available to people involved with the project. By signing this form you are allowing other people who work on the survey to see your child's answers to the survey. However, no one will connect specific responses with your individual child.

The researchers conducting this study retain the right to use and publish non-identifiable data. The results of this study may be presented in university or conference presentations, journal articles, and funding applications. When the results of this study are published or discussed in presentations, no information will be included that would reveal your child's identity.

There is one exception to confidentiality we need to make you aware of. In certain research studies, it is our ethical responsibility to report situations of child abuse, child neglect, or any life-threatening situation to appropriate authorities. However, we are not seeking this type of information in our study nor will your child be asked questions about these issues.

Submit your forms digitally by Wednesday, March 23<sup>rd</sup>, via the Adobe Sign link that you received via email or bring completed paper forms to the conference check-in table on Saturday, March 26<sup>th</sup>.

**Voluntary Participation in / Withdrawal from Study**

Whether or not to participate in this study is completely up to you and your child. Your decision regarding participating in the study will not affect your child’s participation in the madiSTEM Conference.

Your child will also be asked if they are willing to voluntarily participate in the study by signing a separate form. In order for your child to participate in the study, BOTH you and your child must agree to participation. Your child may decide to skip any questions that they do not want to answer, and they may stop at any time without any consequences. Once your child submits a survey, their answers for that survey cannot be withdrawn since response data will be de-identified.

**Questions about the Study**

If you have any questions about this questionnaire or you would like to receive a copy of the final aggregate results of this study, please contact:

Dr. Chris Willingham  
Department of Mathematics and Statistics  
James Madison University  
Telephone: (540) 568-2921  
Email Address: willinjc@jmu.edu

**Questions about Your Rights as a Research Subject**

Dr. Lindsey Harvell-Bowman  
Chair, Institutional Review Board  
James Madison University  
(540) 568-2611  
[harve2la@jmu.edu](mailto:harve2la@jmu.edu)

**GIVING OF CONSENT TO PARTICIPATE IN QUESTIONNAIRE**

I have read this consent form, and I understand what is being requested of my child as a participant in this study. I freely consent for my child to participate in this study. I have been given satisfactory answers to my questions. I certify that I am at least 18 years of age.

\_\_\_\_\_  
Your Child’s Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Name of Researcher (Signed)

\_\_\_\_\_  
Date

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