



Hendrix Summer Programs Statement of Understanding

Instructions: Participants and parents or guardians should read this document and any associated documents carefully. The document should be signed, scanned, and returned prior to the start of the program or camp.

Participant Name: _____

Name(s) of Legal Parent(s) or Guardian(s): _____

Agreement and Responsibility

- I. I have read, fully understand, and agree to abide by all policies outlined in the [Hendrix Summer Programs General Guidelines for Participants](#).
- II. I have read, fully understand, and agree to abide by all policies specified in the [Hendrix College Student Handbook](#).
- III. I accept responsibility for any damages caused by the participant (named above) to property of Hendrix College. I understand that furniture is not to be moved or altered in any way.
- IV. I confirm that the participant has no legal, disciplinary, or behavioral problems or conditions which will make it difficult for him/her or other participants to participate fully in the program. I understand that the program is not equipped to deal with participants who have significant psychological or emotional problems or conditions.
- V. I understand that photos and videos of the participant and the participant's work may be taken during the program. I agree that photos, videos, audio recordings, written work, drawings/artwork, and comments may be used by Hendrix College for promotional purposes. (Note: No personal details such as last name or address will be included when publishing. All photos and videos are securely held by Hendrix College and will not be sold or distributed.)
- VI. I grant permission for the participant (named above) to participate in the program including all activities, physical or otherwise, and field trips provided that authorized personnel supervise such activities and trips.

Policy Agreements

- I. I agree to abide by all rules and guidelines presented by instructors and staff during the program.
- II. I understand that attendance at all classes and organized program activities is expected. If a participant must miss class time or an activity, notification should be made to the Summer Programs Office at summerprograms@hendrix.edu prior to the absence. Repeated absences may result in dismissal from the program.
- III. I understand that all participants are expected to arrive each day of the program and be ready to begin at the designated time. Furthermore, I understand that all participants are expected to depart at the designated time each day of the program.
- IV. I understand that no participant may leave campus except at designated departure times or with prior notice and approval from program staff.
- V. I understand that all participants are expected to treat each other and all instructors and staff with respect and contribute to the well-being of all involved with the program. All forms of bullying (written, verbal, electronic, physical) will not be tolerated.
- VI. I agree to not use electronics or cellular devices during classes or activities unless otherwise notified. Participants should not bring personal computers or tablets to class. If participants require use of a computer for a class or activity, then computers with internet access will be provided in a campus computer lab. The computers may only be used as directed by instructors or staff. When using a campus computer, participants are restricted from using the computers to a) play or download games, music, movies, or other copyrighted material, b) view or download pornography, or c) engage in any sort of harmful or unauthorized programming.
- VII. I understand that if a participant is dismissed from the program due to misconduct or is deemed a danger to himself, herself, or others, then the participant will be immediately removed from the program. The participant's parent or legal guardian will be contacted to pick up or arrange transportation as soon as possible. No refund of tuition or any other program charges will be issued when a participant is dismissed.
- VIII. I understand that if a participant is in need of medical assistance, the parent or legal guardian will be contacted to assess the proper procedure and circumstance of the participant. If urgent, the participant will be transported by a Hendrix

Summer Programs staff member or an ambulance to the nearest emergency room. Conway Regional Medical Center at 501-329-3831 is the nearest hospital and is located at 2302 College Avenue, Conway, AR 72034.

- a. If a participant is transported to the hospital, then a parent, legal guardian, or an appropriate representative of the family should meet the participant at the hospital as soon as possible following notification to assume responsibility of the student's care from the Summer Programs staff person.
 - b. For life-threatening emergencies, participants or Summer Programs staff will call 911.
- IX. All sick participants should remain at home and notify the Summer Programs Office of their absence or, if on campus, will be sent home. Parents will be contacted to notify them that their child is ill, and they should make arrangements to pick up the child as soon as possible.
- X. In accordance with Arkansas Child Maltreatment Act, any faculty or staff that are responsible for the supervision of minors are required by law to report child maltreatment. Child maltreatment refers to any abuse, sexual abuse, neglect, sexual exploitation, or abandonment of a person under the age of 18. If any faculty or staff member has reasonable cause to suspect that a child has been subject to maltreatment or observes a child being subject to conditions or circumstances that would reasonably result in maltreatment, I understand that a report must be made immediately to the Child Abuse Hotline (1-800-482-5964). Please be aware that any references to child maltreatment in class discussions, assignments, or conversations are subject to mandated reporting under the law.
- XI. I understand that tobacco products are prohibited from use on the Hendrix College campus including parking lots, grounds adjacent to buildings, and athletic fields. Furthermore, I understand that possession or use of alcoholic beverages, tobacco products, or other illegal drugs by participants during the program will result in immediate dismissal.

By providing my signature, I am indicating that:

- **I have carefully reviewed, fully understand, and agree to the contents of this document and all associated documents.**
- **I confirm that I am the legal parent or guardian of the listed participant.**

Signature _____ **Date** _____
(Of parent/guardian if participant is under 18)

Name of Signatory (Printed) _____