

**Application for the  
RTG NASC Summer Internship Program  
August 5-August 9, 2024**

Application deadline: Monday, April 15 2024

This is an application for a week-long math internship program that will take place August 5 - August 9, 2024 Monday-Friday, 9am-3pm on the Rice University campus. Participants must be currently 11<sup>th</sup> graders. Transportation to and from the Rice campus will not be provided. Lunch will be provided.

Please clearly print the following information:

Name: \_\_\_\_\_

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

Home/Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

High School: \_\_\_\_\_

Grade: \_\_\_\_\_

Why would you like to participate in this program? (If you need more space, attach another page)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Participant:**

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

**Parent or Legal Guardian:**

Name (printed): \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Please mail the application to:

Professor Beatrice Riviere

Department of Computational Applied Mathematics and Operations Research, MS 134

Rice University

6100 Main Street

Houston, TX 77005

Or fax the application to (713) 348-5318

Or email the application to: [riviere@rice.edu](mailto:riviere@rice.edu)

Please submit the application form by April 15, 2024.

---

\_\_\_\_\_  
[organization] [name of program or activity]  
**PARTICIPATION AGREEMENT AND RELEASE OF LIABILITY (minor)**

\_\_\_\_\_  
[start and end date(s) of the program or activity]

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, desire for my child to participate in the \_\_\_\_\_ (“Activity”) and, in consideration of him/her being allowed to participate in the Activity, I acknowledge and agree as follows:

1. I understand that I am responsible for my child’s own transportation to and from the Rice University campus. It is my responsibility to confirm the schedule in advance with the Activity’s organizers.

2. I am fully informed or otherwise aware of, and fully assume, all risks to person and property in connection with my child’s participation in the Activity, including but not limited to property damage and loss, bodily injuries, sickness, disease and death. My child is in sufficient health and able to participate (with or without an accommodation) in the Activity and I will contact the program organizers if there is a need to request an accommodation. I have medical insurance coverage appropriate for my child’s participation in the Activity and have provided such insurance coverage information and emergency contact information to Rice University. Neither Rice University nor the Activity are providing any insurance for my child in connection with his/her participation in the Activity.

3. I understand that if my child requires medical treatment while participating in the Activity, an attempt will be made to notify me. In the event that I cannot be contacted, or if contact is impractical under the circumstances, I consent to medical treatment for my child as may be deemed necessary under the circumstances, including but not limited to x-ray examinations, surgery and anesthesia, and I will be responsible for any and all medical expenses.

4. If my child’s participation in the Activity is at any time deemed detrimental to the Activity or its other participants, as determined by the Activity’s organizers in their sole discretion, I understand that he/she may be expelled from the Activity without Rice University or the organizers incurring any liability.

5. I also grant Rice University the irrevocable right to use my child’s image, voice and name in video, photographs and audio recordings of the Activity. I understand that this use may include publication and distribution in printed, electronic and digital media, including but not limited to Rice University brochures, video and television broadcasts, and website, social media and online communications. I also understand that my child will not receive any compensation in connection with this release.

**6. I fully and forever RELEASE, WAIVE AND DISCHARGE, and COVENANT NOT TO SUE, Rice University (including, but not limited to, its trustees, employees and representatives) from and for any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses (including but not limited to court costs and attorneys’ fees), from any cause whatsoever (including but not limited to property damage and loss, bodily injuries, sickness, disease and death), directly or indirectly arising in connection with my child’s participation in the Activity, set up for the Activity, practice for the Activity, or transition to or from the Activity, or use of my child’s image, voice or name by Rice University or its employees or independent contractors or the Activity pursuant to the foregoing rights grant, whether or not foreseeable or contributed to by the negligent acts or omissions of Rice University or others.**

7. This Agreement constitutes the entire agreement about the subject matters it addresses and is governed by the laws of the State of Texas. If any provision of this Agreement is held unenforceable, this will not affect any other provision and this Agreement will be construed as if the unenforceable provision had not been incorporated in this Agreement. I (i) have read and fully understand this Agreement, (ii) intend that this Agreement be legally binding and enforceable upon me and my family, estate, heirs and legal representatives, and (iii) intend that this Agreement benefit Rice University. I acknowledge that I my child is voluntarily choosing to participate in the Activity and is not required to participate by Rice.

IN WITNESS WHEREOF, I have duly executed and delivered this Agreement as of \_\_\_\_\_, 20\_\_\_\_.

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

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

Parent’s or Legal Guardian’s Address: \_\_\_\_\_

\_\_\_\_\_

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

Medical Insurance Carrier and Policy No.: \_\_\_\_\_