

SUMMER FORMS CHECKLIST



All forms are due Saturday, March 21st to the Upward Bound Office

Helpful hint - mark a "✓" next to each item you have completed!

- ☐ Bridge Student Summer Agreement *(if graduated this year)*
- ☐ Dual Credit Tuition Assistance Form *(if scheduled to take dual credit)*
- ☐ Parking Permit Request *(if student plans to keep vehicle on campus)*
- ☐ Summer Participation Agreement
- ☐ Behavioral Agreement
- ☐ Parent Permission for Pick-up/Drop off
- ☐ Computer Use Agreement
- ☐ Health History Form
- ☐ Waiver of Liability Agreement
 - Youth Agreement for students 17 and under
 - Adult Agreement for students 18+
- ☐ Summer Absence Calendar
- ☐ Fitness Center Form *(if student wants to use the Fitness Center consistently)*
- ☐ Food Preference Form
- ☐ Food Substitution Form *(if student requires a food substitution for medical reasons)*



UB Bridge Summer Scholarship Agreement

Deadline: Wednesday, May 6th (2nd Summer Orientation Night)

Please take a few minutes to read through the following information and submit the signed electronic form to Sheila Harding at sharding@nwmissouri.edu.

It is the understanding of both the student and the parent/guardian that Upward Bound has agreed to pay 100% of the approved tuition costs for students who successfully complete the summer course scheduled for 2nd block with a grade of “C” or better.

Immediately following the completion of the course, the student will provide Upward Bound central staff with a final grade report. If a student does not successfully complete the course with a “C” or better, the student understands that they forfeit attending the 6th week UB Cultural trip.

Additionally, students who participate in the Bridge scholarship program will participate fully in Upward Bound for the duration of the summer component. The 6-week Summer Component includes:

- One weekly Success Coaching appointment (if attending NW for college)
- One weekly Bridge Mentoring appointment
- Weekly family group activities
- UB Large group scheduled events
- Timely communication with UB staff when responses are requested
- Completed Senior Checklist

Again, if a student does not successfully complete the course with a “C” or better, they forfeit attending the 6th week Cultural Trip. Lastly, if a student chooses to not complete expectations listed above without prior communication to UB staff, 50% of the tuition scholarship will be removed. A balance will be placed on the student’s Northwest account and it is the obligation of the student and the parent/guardian to pay this balance by the University’s billing deadline.

Student Name: _____ Student Northwest ID: 919_____

Student’s Cell Phone Number: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent Signature: _____ Date: _____



UB Dual Credit Scholarship

Application

Deadline: Wednesday, May 6th (2nd Summer Orientation Night)

Please take a few minutes to read through the following information and submit the signed form to the Upward Bound office with a copy of your 2026-27 class schedule. There is a limited amount of money available. Rising senior students will be given priority, followed by juniors and sophomores. There is no guarantee that all dual credit costs will be covered by Upward Bound.

It is the understanding of both the student and the parent/guardian that Upward Bound has agreed to pay 100% of the approved tuition costs for students who successfully complete the dual credit course(s) with a grade of “B” or better and 50% of the approved tuition costs for students that earn a grade of “C” or lower in the approved dual credit course(s). Immediately following the completion of the dual credit course(s), the student will provide Upward Bound central staff with a grade report. If a student does not successfully complete the course(s), with an “A” or “B”, 50% of the scholarship will be removed. A balance will be due with the dual credit institution and it is the obligation of the student and the parent/guardian to pay this balance by the payment deadline.

Additionally, students who receive dual credit scholarships will participate fully in Upward Bound. This includes field tutoring, Saturday Academies and the summer component. Students who have opted out of an Upward Bound summer, and who receive dual credit monies, must attend the remainder of the summer components for which they are eligible. Failure to abide by these participation requirements will result in the student paying for all or a portion of the dual credit tuition.

Please list all dual credit courses currently enrolled in for the 2026-27 academic year. By signing below, the student and their parent/guardian commit to the Upward Bound Dual Credit Request Agreement.

Dual Credit Course Name	Credit Hours	Institution	Start/End Date Semester	Online or In-Person
<i>Example: Biology & Lab</i>	<i>4</i>	<i>Northwest</i>	<i>August - May</i>	<i>In-Person</i>

Student Name: _____ **Student Northwest ID:** 919

Student Graduation Year (Circle One): 2027 2028 2029 2030

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

HS Counselor Signature of Support: _____

PARKING PERMIT REQUEST

*For only vehicles that will remain on
campus throughout the week*

NAME: _____

Vehicle information:

Year: _____

Make: _____

Model: _____

Color: _____

License plate: _____

Student Name: _____

Summer Participation Agreement

The following agreement is entered into by _____ (*participant*), and the **Upward Bound program (UB)**. The purpose of this agreement is to specify the responsibilities of each of the parties.

The UB Program is a major investment in America’s youth by the U.S. Department of Education. By choosing you to be a participant, we are expressing faith in your ability to successfully complete a program of higher education and become a contributing member of society.

UB will provide the following:

- Stipends, room, board, accident insurance, and laboratory fees for participants during the summer session free of charge.
- Supplies and materials for summer classes free of charge.
- Intensive classroom and enrichment instruction in topics and activities not usually encountered in the high school curriculum.
- Extensive counseling and academic workshops (both group and individual) regarding study skills, social and interpersonal skills, and career awareness.
- Round-trip mileage reimbursement.
- Possibility of enrollment in the UB Bridge program.

The participant agrees to:

- Enroll in rigorous courses of study each year while in high school.
- Meet with the UB field tutor each week and be fully engaged in Saturday Academies
- Adhere to UB and University rules and regulations concerning student responsibility and behavior in the academic, residential, and cultural components.
- Work toward the goal of earning a college degree.

The participant and parent(s)/guardian(s) agree to:

- Participate in answering questionnaires and other appropriate and approved research projects done as a part of the UB program's evaluation.
- Cooperate with the UB program staff and high school field tutor, including:
 - provide UB with (a) your schedule of classes and (b) progress, quarter and semester grade card as well as a final transcript each year while in high school
 - provide final high school transcript as evidence of high school graduation,
 - provide evidence of college enrollments each year until graduation from college, and
 - grant permission for UB to access records necessary to document education status.

_____		_____	
Student Signature	Date	Parent/Guardian Signature	Date

Student Name: _____

Behavioral Agreement for Summer Participant

As a summer participant at Northwest Missouri State University's Upward Bound program, I agree to the following conditions:

- 1) To conduct myself in a reasonable manner that reflects the school or organization I am representing while at Northwest Missouri State University.
- 2) To comply with the following rules and regulations of summer camps at Northwest Missouri State University:
 - a) The possession or consumption of alcoholic beverages in public or on University owned or controlled grounds or exhibition of drunken behavior on University owned or controlled property is strictly prohibited.
 - b) Use, possession of, transfer, or sale of drug paraphernalia, marijuana (medicinal or otherwise), or any other legally controlled substance, including tobacco/vaping, on University owned or controlled property is strictly prohibited.
 - c) Possession of any firearms, weapons, fireworks, or explosive devices, regardless of whether a license to possess the same has been issued, is prohibited.
 - d) Visitation by members of the opposite sex is prohibited in residence halls except in lobby areas.
 - e) Unwarranted defacing, disfiguring, damaging, destruction, of and/or unlawful possession or use of University property is prohibited.
 - f) Gambling is prohibited in residence halls.
 - g) Excessively noisy behavior is prohibited.
 - h) Causing physical injury to any person or threatening with force or violence is strictly prohibited.
 - i) Being in or around construction areas is prohibited.

3) To take full financial responsibility for all property damage(s) that occur to my residence hall room and common areas in which I am staying and other Northwest Missouri State University property.

By signing this document, I agree to the above terms and stipulations while I am a summer participant at Northwest Missouri State University.

Failure to abide by this agreement can result in my immediate removal from Northwest Missouri State University property.

Participant Signature _____ Date _____

As Parent and/or Legal Guardian of _____, I hereby agree to be bound by the above conditions and accept financial responsibility for any damage to Northwest Missouri State University property caused by the above-signed participant.

 Parent/Legal Guardian Signature Date

PARENT PERMISSION FOR PICK-UP/DROP-OFF

Student Name: _____ Date: _____

I, _____, give my permission for the student listed above
Parent/Guardian Name (please print)
to ride to/from the Northwest Missouri State University Upward Bound Program with the following
person(s):

_____ Name (print)	_____ Relationship to Student
_____ Name (print)	_____ Relationship to Student
_____ Name (print)	_____ Relationship to Student
_____ Name (print)	_____ Relationship to Student
_____ Name (print)	_____ Relationship to Student
_____ Name (print)	_____ Relationship to Student

I ***do not*** give my permission for the student listed above to ride to/from the Northwest Missouri State University Upward Bound Program with the following person(s) listed below:

_____ Name (print)	_____ Relationship to Student
_____ Name (print)	_____ Relationship to Student

Parent Signature

Student Signature

UB Central Staff Signature

Comments: _____

Upward Bound Computer Use Agreement

Upward Bound allows students the use of University issued laptops during the summer component of the program. These computers are the property of Northwest Missouri State University, and therefore, students must abide by all university rules in addition to Upward Bound program rules.

The University and Upward Bound reserve the right to discontinue/deny service without notice to any student it determines is abusing the computing system. Abuse includes, but is not limited to physical damage to equipment, harassment to other users, wasting computing resources, use of unauthorized user names or passwords, launching of computer viruses, copying or duplicating software, duplication of system data files or programs equivalent to the system services, or participation in chain letter distribution. Abuse of the network, or the removal of a hard disk, or the opening of the computer case or wall jack will be subject to disciplinary action and/or fines. The University has licensed all the software installed on computers. It is illegal to duplicate or copy the software. Do not load any software or any other operating system on the computer.

I _____ understand that the computer is one of the tools I will have the privilege of using during my five-week stay on the campus. I am agreeing to the following computer usage terms, and understand that not following these rules will result in having my computer privileges suspended and/or revoked:

- I understand that Northwest is issuing to me a personal laptop computer for which I am solely responsible.
- I understand that the computer is only to be used for appropriate material. I will not access or download any obscene, indecent, profane, etc. files or pictures.
- I agree not to use chat rooms, instant messaging, or other social media/communication apps during Upward Bound.
- I agree not to have any food or drink near my computer or in any campus computer labs.
- I understand any vandalism I cause to the computer, (i.e. damaged, lost or stolen) due to my negligence, the cost to repair or replace the computer is my responsibility.

Computer replacement = \$1500

Computer repair = \$50 for damage to screen; \$50 for damage to mother board

I understand that I am responsible for the computer materials checked out to me by the University and agree to pay the replacement value or repair costs for any damage to the laptop or other items while they are in my possession.

Student Signature

Date

I support Upward Bound in its enforcement of proper computer conduct for my son/daughter.

Parent/Guardian Signature

Date

☐

If you wish for your son/daughter not to be issued a laptop by the University, you may opt-out by checking this box.

Health History Form

Upward Bound

NORTHWEST MISSOURI STATE UNIVERSITY

372 Administration Building, 800 University Drive • Maryville, MO 64468 • 660.562.1630 • fax: 660.562.1631 •

Health Insurance

- ☐ Submit copies of both the **front and back** of your health insurance card to Upward Bound

THIS FORM, AND IMMUNIZATION RECORDS, MUST BE COMPLETED AND SUBMITTED

Vaccination Requirements

In addition to the required vaccination information requested below, please send us copies of any other vaccination records that you may have.

Measles, Mumps and Rubella (MMR) Vaccination

Required for all students

To prepare all students for enrolling and attending a higher education institution, Upward Bound students and all college students born after January 1, 1956 must comply with the two dose Measles Vaccination Policy.

Submit the following to Upward Bound:

- Documentation of **two doses of the MMR vaccine**.
The first dose must have been given at age 12 months or later. The second dose must have been at least one month after the first dose.
- OR
- Documentation of a **TITER**, which is a blood test proving immunity to Measles (Rubeola), Mumps and Rubella.

Meningococcal vaccination requirement

Required for all students living on campus

Effective July 1, 2015, Missouri state law requires all students residing in residence halls at Northwest Missouri State University to be immunized against Meningococcal Disease. This means all students living on campus must submit Documentation that they have received the Meningococcal Vaccine. It is the student's responsibility to provide this documentation. Per the state law, a student will not be allowed to move into the residence halls until he/she has completed this requirement.

Upward Bound will accept records showing immunization at any age; however, we strongly recommend that students follow the immunization guidelines recommended by the Center for Disease Control (CDC), which calls for a booster dose of the vaccine to be given at or after age 16.

Submit to Upward Bound the following:

- Documentation of **one dose of meningococcal vaccine after the age of 16**.

For more information on Meningococcal Disease and the vaccine, visit:
www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.pdf.

Compliance Checklist

- ☐ Completed Health History Form;
- ☐ Immunization Record showing 2 doses of MMR Vaccine;
- ☐ Immunization Record showing Meningococcal Vaccine;
- ☐ Copy (front and back) of Insurance Card

Health History Form

Upward Bound

NORTHWEST MISSOURI STATE UNIVERSITY

OFFICE USE ONLY

Date Received _____

919 Number _____

Health History Form

Personal information

Last name _____		(Maiden name) _____		First _____		Middle _____	
Address _____				City _____	State _____	ZIP _____	
(_____)		(_____)					
Phone _____				Cell phone _____		Date of birth _____	
Country of birth _____				Social Security Number _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Preferred Spoken Language(s) _____							

Insurance information

Policy holder name _____		Date of birth _____	Relationship to student _____	
Member ID number _____		Group number _____		
Health insurance carrier (Ex. Aetna, BCBS, etc.) _____		(_____) Phone number _____		
Insurance carrier address _____		City _____	State _____	Zip _____

Medical history

Do **YOU** have a present or past history of the following: (check all that apply)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Intestinal/stomach trouble | <input type="checkbox"/> Rubella (3-day measles) |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Ear trouble/hearing loss | <input type="checkbox"/> Joint disease/injury | <input type="checkbox"/> Scarlet fever |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Measles, Red | <input type="checkbox"/> Sexually trans. infection (STI) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eye disease/problems | <input type="checkbox"/> Menstrual problems | <input type="checkbox"/> Sickle Cell Trait/Anemia |
| <input type="checkbox"/> Back problems | <input type="checkbox"/> Gallbladder trouble | <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Sinus trouble |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hay fever (recurrent) | <input type="checkbox"/> Mononucleosis, infectious | <input type="checkbox"/> Skin problems (chronic) |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Head injury | <input type="checkbox"/> Mumps | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Headache (recurrent) | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Smoking (how long?) _____ |
| <input type="checkbox"/> Cough (chronic) | <input type="checkbox"/> Heart disease/problems | <input type="checkbox"/> Paralysis | <input type="checkbox"/> Spleen, surgical removal |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hepatitis/Jaundice | <input type="checkbox"/> Polio | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hernia/rupture | <input type="checkbox"/> Psychological counseling | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Disability/Handicap | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Urinary tract infection |
| | | | <input type="checkbox"/> NONE OF THE ABOVE |
- ☐ Other _____

Current medications (list all, including birth control) _____	Do you have allergies to drugs, foods, metals? Yes / No _____	Hospitalizations/surgeries _____
_____	What are they? _____	_____
_____	_____	_____
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Family history (place relationship in blank)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Alcohol/drug abuse _____ | <input type="checkbox"/> Death before 50 _____ | <input type="checkbox"/> Elevated cholesterol _____ | <input type="checkbox"/> Hypertension/stroke _____ |
| <input type="checkbox"/> Cancer/type _____ | <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Heart disease _____ | <input type="checkbox"/> Mental illness _____ |

UPWARD BOUND PARENTAL CONSENT FOR MEDICAL TREATMENT

Student's Name _____

In case of emergency, please contact the following:

Physician _____

Phone number _____

1st person to contact in case of emergency _____

Home phone _____

Work Phone _____

Cell phone _____

Address _____

Relationship to student _____

2nd person to contact in case of emergency _____

Home phone _____

Work Phone _____

Cell phone _____

Address _____

Relationship to student _____

3rd person to contact in case of emergency _____

Home phone _____

Work Phone _____

Cell phone _____

Address _____

Relationship to student _____

Please describe any allergies or dietary restrictions or needs your child may have:

Please list ALL medicines/prescriptions your child will take/is currently taking:

Medication/Prescription

Dosage

Time

What are (if any) the anticipated side effects and/or drug interactions from these medications?

Please describe any dietary restrictions or needs your child may have:

I understand that my child will administer his/her own medication at the prescribed dosage and time listed above. I understand that it is my child's responsibility to take over the counter medications according to package directions.

I hereby give my permission for my child to receive any medical attention, including preventative, routine and emergency care, as deemed necessary by qualified medical personnel, in the event such treatment is necessary during the entire time the student is enrolled in Upward Bound. I also understand that neither Northwest Missouri State University nor the Upward Bound Program staff can be held responsible for accidents or injuries.

Parent/Guardian printed name

Parent/Guardian date of birth

Parent/Guardian Signature

Date

Tuberculosis (TB) Screening questionnaire

Have you ever had a positive TB skin test? ☐ YES ☐ NO

Have you ever had close contact with anyone who was sick with TB? ☐ YES ☐ NO

Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years?
(If yes, please CIRCLE the country) ☐ YES ☐ NO

Have you ever traveled to/in one or more of the countries listed below? ☐ YES ☐ NO
(If yes, please CHECK the country/ies AND indicate the date(s) and duration of travel)

Afghanistan	Cape Verde	Gambia	Lesotho	Niger	Sao Tome and	Turkey
Algeria	Central African	Georgia	Liberia	Nigeria	Principe	Turkmenistan
Angola	Republic	Ghana	Libyan Arab	Niue	Saudi Arabia	Turks & Caicos
Anguilla	Chad	Greenland	Jamahiriya	Northern	Senegal	Islands
Argentina	Chile	Guam	Lithuania	Mariana	Serbia	Tuvalu
Armenia	China	Guatemala	Macedonia-TFYR	Islands	Seychelles	Uganda
Azerbaijan	Colombia	Guinea	Madagascar	Pakistan	Sierra Leone	Ukraine
Bahrain	Comoros	Guinea-Bissau	Malawi	Palau	Singapore	United Republic
Bangladesh	Congo	Guyana	Malaysia	Panama	Solomon Islands	of Tanzania
Belarus	Congo DR	Haiti	Maldives	Papua New	Somalia	Uruguay
Belize	Côte d'Ivoire	Honduras	Mali	Guinea	South Africa	Uzbekistan
Benin	Croatia	Hungary	Marshall Islands	Paraguay	South Sudan	Vanuatu
Bhutan	Djibouti	India	Mauritania	Peru	Sri Lanka	Venezuela
Bolivia	Dominica	Indonesia	Mauritius	Philippines	Sudan	(Bolivarian
(Plurinational	Dominican	Iran	Mexico	Poland	Suriname	Republic of)
State of)	Republic	Iraq	Micronesia	Portugal	Syrian Arab	Vietnam
Bosnia and	Ecuador	Japan	(Federated	Qatar	Republic	Wallis & Futuna
Herzegovina	Egypt	Kazakhstan	States of)	Republic of	Swaziland	Islands
Botswana	El Salvador	Kenya	Moldova-Rep.	Korea	Tajikistan	Yemen
Brazil	Equatorial	Kiribati	Mongolia	Romania	Thailand	Zambia
Brunei	Guinea	Korea-DPR	Morocco	Russian	Timor-Leste	Zimbabwe
Darussalam	Eritrea	Kuwait	Mozambique	Federation	Togo	
Bulgaria	Estonia	Kyrgyzstan	Myanmar	Rwanda	Tokelau	
Burkina Faso	Ethiopia	Lao People's	Namibia	Saint Vincent	Tonga	
Burundi	Fiji	Democratic	Nauru	and the	Trinidad and	
Cambodia	French Polynesia	Republic	Nepal	Grenadines	Tobago	
Cameroon	Gabon	Latvia	Nicaragua		Tunisia	

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2010. Countries with incidence rates of ≥ 20 cases per 100,000 population. For further updates, refer to <http://apps.who.int/ghodata>

Have you ever been a resident and/or employee of high risk congregate settings (e.g. correctional facilities, long-term care facilities, and homeless shelters)? ☐ YES ☐ NO

Have you ever been a volunteer of health-care worker who served clients who were at increased risk for active TB disease? ☐ YES ☐ NO

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol? ☐ YES ☐ NO

If you answered YES to any of the above, you must:

- **Schedule a TB test** at the University Wellness Services
- OR
- Provided documentation of a **TB test done in the United States** within the past 12 months. TB tests done outside of the United States will not be accepted.
- **If prior treatment for active TB disease or latent TB infection has been completed, written documentation must be submitted.**

Chest X-rays will be required for anyone with a positive test.

Additional American College Health Association immunization recommendations:

- Polio
- Tetanus, Diphtheria, Pertussis
- Hepatitis A
- Influenza
- Varicella
- Human Papillomavirus
- Hepatitis B
- Pneumococcal

Office use only

Reviewed by:

ASSUMPTION OF RISK, COVENANT NOT TO SUE, RELEASE, AND WAIVER OF LIABILITY AGREEMENT

(YOUTH PARTICIPANT FORM)

In consideration of the services provided by Northwest Missouri State University, its board, employees, volunteers, participants, and all other persons or entities acting in any capacity on its behalf (collectively, "UNIVERSITY") in conjunction with the UPWARD BOUND program ("Event"), I hereby agree to release, hold harmless, covenant not to sue, and discharge UNIVERSITY, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. _____ ("Minor") will participate in the Event. I understand that the Event will last approximately six weeks and will involve Minor residing in Northwest Missouri State University residence halls. I also understand that the Event will involve Minor participating in activities such as cultural trips, recreational outings, and camping experiences that will involve travel and/or hotel accommodations. I further understand that some of such activities will not take place on Northwest Missouri State University property.
2. I acknowledge that Minor's participation in the Event entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to Minor, to property, or to third parties. I understand that such risks include activities at and away from UNIVERSITY. I understand that such risks simply cannot be eliminated.
3. I understand that Minor may have the opportunity to attend a religious service while at the Event. I understand that UNIVERSITY does not require such services as part of the Event. If I object to Minor voluntarily electing to attend such services, I acknowledge that it is my responsibility to instruct Minor not to attend such services.
4. I acknowledge that the unlawful possession/consumption/use/distribution of alcohol or any controlled substance, including the unauthorized possession/consumption/use/distribution of prescription medications, is strictly prohibited. I agree that any violation of this policy may result in Minor's immediate removal from the Event. I understand that UNIVERSITY will not store or administer prescription medication(s) for Minor. If Minor will be in possession/utilize medication(s) during the Event, I hereby represent that I have explained to Minor the Event's policy on alcohol and controlled substances. I further represent that I have discussed with Minor the proper use/administration of the medication(s), including frequency and dosages. I understand and agree that Minor is solely responsible for storing/administering any medication(s) as directed by Minor's physician or healthcare professional.
5. I expressly agree and promise to accept and assume all of the risks associated with Minor participating in the Event. Minor's participation in this Event is purely voluntary, and I elect to allow Minor to participate despite the risks. If Minor is injured during the Event, I hereby give my consent for UNIVERSITY to contact appropriate medical professional(s) and further consent to any medical treatment that may be required, as determined by a medical professional. I understand that the cost of any such treatment will be Minor's or my sole responsibility; UNIVERSITY will not be responsible for any cost related to such treatment in any way. I also understand that UNIVERSITY will not be responsible for any medical treatment that Minor receives.
6. **I hereby voluntarily release, waive, covenant not to sue, and forever discharge any and all claims of negligence against UNIVERSITY that relate in any way to any activity Minor undertakes in conjunction with the Event, including transportation to, during, and from the Event.**
7. Should UNIVERSITY, or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.

CONTINUED ON FOLLOWING PAGE

8. I understand that UNIVERSITY does not maintain an insurance policy that would provide coverage if Minor is injured during the Event or causes any injury during the Event. I certify that I have adequate insurance to cover any injury or damage Minor may suffer or cause while participating in the Event, or else I agree to bear the costs of such injury or damage myself.
9. I understand that UNIVERSITY may photograph, film, and/or record ("Medium") Minor's participation in the Event. I authorize UNIVERSITY to use Medium and Minor's likeness in conjunction with any UNIVERSITY marketing and/or promotional materials, including, but not limited to, social media accounts. I understand that neither Minor nor I will be compensated in any way for such use.

In the event that I file a lawsuit against UNIVERSITY, I agree to do so solely in the State of Missouri, and I further agree that the substantive law of Missouri shall apply without regard to conflict of law rules. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I expressly state that I have had sufficient opportunity to read this entire Agreement and agree to be bound by its terms.

I further acknowledge that this document contains a negligence waiver and indemnification provisions.

PARENT'S OR GUARDIAN'S SIGNATURE
(Must be completed by each parent and/or guardian)

Parent or Guardian: _____ Print Name: _____

Date: _____

Parent or Guardian: _____ Print Name: _____

Date: _____

**ASSUMPTION OF RISK, COVENANT NOT TO SUE, RELEASE,
AND WAIVER OF LIABILITY AGREEMENT**

(ADULT PARTICIPANT FORM)

In consideration of the services provided by Northwest Missouri State University, its board, employees, volunteers, participants, and all other persons or entities acting in any capacity on its behalf (collectively, "UNIVERSITY") in conjunction with the UPWARD BOUND program ("Event"), I hereby agree to release, hold harmless, covenant not to sue, and discharge UNIVERSITY, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I, _____, ("Participant") will participate in the Event. I understand that the Event will last approximately six weeks and will involve me residing in Northwest Missouri State University residence halls. I also understand that the Event will involve me participating in activities such as cultural trips, recreational outings, and camping experiences that will involve travel and/or hotel accommodations. I further understand that some of such activities will not take place on Northwest Missouri State University property.
2. I acknowledge that my participation in the Event entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to me, to property, or to third parties. I understand that such risks include activities at and away from Northwest Missouri State University. I understand that such risks simply cannot be eliminated.
3. I understand that I may have the opportunity to attend a religious service while at the Event. I understand that UNIVERSITY does not require such services as part of the Event.
4. I acknowledge that the unlawful possession/consumption/use/distribution of alcohol or any controlled substance, including the unauthorized possession/consumption/use/distribution of prescription medications, is strictly prohibited. I agree that any violation of this policy may result in my immediate removal from the Event. I understand that UNIVERSITY will not store or administer prescription medication(s) for me. If I will be in possession/utilize medication(s) during the Event, I hereby represent that I understand the Event's policy on alcohol and controlled substances. I further represent that I understand the proper use/administration of the medication(s), including frequency and dosages. I understand and agree that I am solely responsible for storing/administering any medication(s) as directed by my physician or healthcare professional.
5. I expressly agree and promise to accept and assume all of the risks associated with participating in the Event. My participation in this Event is purely voluntary, and I elect to participate despite the risks. If I am injured during the Event, I hereby give my consent for UNIVERSITY to contact appropriate medical professional(s) and further consent to any medical treatment that may be required, as determined by a medical professional. I understand that the cost of any such treatment will be my sole responsibility; UNIVERSITY will not be responsible for any cost related to such treatment in any way. I also understand that UNIVERSITY will not be responsible for any medical treatment that I receive.
6. **I hereby voluntarily release, waive, covenant not to sue, and forever discharge any and all claims of negligence against UNIVERSITY that relate in any way to any activity I undertake in conjunction with the Event, including transportation to, during, and from the Event.**
7. Should UNIVERSITY, or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.

CONTINUED ON FOLLOWING PAGE

8. I understand that UNIVERSITY does not maintain an insurance policy that would provide coverage if I am injured during the Event or cause any injury during the Event. I certify that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in the Event, or else I agree to bear the costs of such injury or damage myself.
9. I understand that UNIVERSITY may photograph, film, and/or record ("Medium") my participation in the Event. I authorize UNIVERSITY to use Medium and my likeness in conjunction with any UNIVERSITY marketing and/or promotional materials, including, but not limited to, social media accounts. I understand that I will not be compensated in any way for such use.

In the event that I file a lawsuit against UNIVERSITY, I agree to do so solely in the State of Missouri, and I further agree that the substantive law of Missouri shall apply without regard to conflict of law rules. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I expressly state that I have had sufficient opportunity to read this entire Agreement and agree to be bound by its terms.

I further acknowledge that this document contains a negligence waiver and indemnification provisions.

Signature of Participant: _____ Print Name: _____

Date of Birth: _____

Address: _____

Phone: _____ Date: _____

PARENT'S OR GUARDIAN'S WAIVER
(Must be completed by all parents and guardians)

In consideration of _____ ("Participant") being permitted to participate in the Event, I agree to be bound by the terms of this Agreement and further agree to waive, covenant not to sue, and discharge any and all claims of negligence against UNIVERSITY which are brought by me, or on behalf of Participant, and which are in any way connected with the Event, including transportation to, during, and from the Event.

Parent or Guardian: _____ Print Name: _____

Date: _____

Parent or Guardian: _____ Print Name: _____

Date: _____

Upward Bound 2026 Summer Absences

Complete the following form and turn it into the UB office if you plan to be absent during any part of the summer component. **If you are NOT going to be absent during the summer component, please go ahead and sign and return this form as well.** Thank you!

Other Camps: If a student knows of any other camps they might be attending during the above-mentioned dates, the Upward Bound central staff needs to know this information. We ask that students not be absent from Upward Bound for more than one week, but will look at each student's situation on an individual basis. Any other organizations/activities that may cause students to be absent from Upward Bound also need to be noted below (i.e. summer jam, softball, driver's ed., etc.) with specific times and dates noted on the absence calendar included in the orientation packet.

Concerns or Questions: If for some reason an Upward Bounder is contemplating not attending the summer component, please contact the office immediately. Sometimes getting the answers to questions or concerns can help to allay the fears and solve conflicts that may be clouding the student's ability to make the best-informed decision regarding a commitment to the Upward Bound summer component. **It is very important to remember that if an Upward Bound student decides to opt-out and not participate in the 2026 summer component, that student will be expected to attend all future summer components during their membership. Students who would be attending for the first time or as a bridge student may not opt-out.**

Please take a few minutes to fill out the following summer intentions slip and return it to the Upward Bound office by March 21, 2026 so we can finalize the number of students to plan for on a weekly basis during the upcoming summer component.

Please contact Upward Bound staff with any questions. Thank you for your assistance.

UB Summer 2026 Calendar

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
31-May	1-June Bridge Move-in	2	3 Bridge outing	4	5 Bridge Check-out
7 SC Move-in Bridge weekly check-in	8	9	10	11	12
14 <i>Early Weekly Check-in 5:00-7:00 pm</i>	15	16	17	18 <i>Early weekly Check-out 4:00-5:00 pm</i>	19 <i>Holiday-No UB</i>
21	22	23	24	25	26
28 <i>Bridge only - Early Weekly Check-in 5:00-7:00 pm</i>	29	30	1-July	2 <i>Bridge Weekly Check-out</i>	3 <i>Holiday-No UB</i>
5 <i>All Students (non-Bridge) – Weekly Check-in</i>	6	7	8 Bridge-weekly check-in	9	10 <i>UB Awards Move Out Day</i>
12	13	14	15	16	17
Education Experience Trip!					

Upward Bound 2026 Summer Absences

[] I hereby commit to attending the entire summer component, dates to fall within June 1-July 17, 2026.

[] I hereby commit to attending the U.B. summer component, dates to fall within June 1-July 17, 2026, except for the following week:_____during which time I will be attending

_____.
***Please list any additional activities, dates and times that you will need to be absent (summer jam, softball, etc.) in the spaces below.**

[] I will be opting out of the 2026 U.B. summer component and have completed the summer opt-out form. **All new students must attend the Summer Component their first year. Any exceptions must be approved by the UB Director or Coordinator of Counseling.

Additional absences:

**Note, during the summer component an additional absence report must be completed and approved by central U.B. staff at least 1 week prior to any summer absences that are not on this form. Failure to meet this deadline will result in stipend loss and an incident report.

1.	Date of absence	Check-out time	Date of Return	Check-in time
	_____	_____	_____	_____
	Activity:_____		Who is transporting you? _____	

2.	Date of absence	Check-out time	Date of Return	Check-in time
	_____	_____	_____	_____
	Activity:_____		Who is transporting you? _____	

3.	Date of absence	Check-out time	Date of Return	Check-in time
	_____	_____	_____	_____
	Activity:_____		Who is transporting you? _____	

Please Read & Sign:

I understand that the absences written in the calendar are correct. If anything changes, I will notify the UB office immediately, prior to the start of the Summer Component.

Student : _____ Parent/Guardian : _____

ASSUMPTION OF RISK AND WAIVER OF LIABILITY, Foster Fitness Center, Student Recreation Center, Hughes Fieldhouse, and Mozingo Outdoor Education Recreation Area

In consideration for being permitted to use Northwest Missouri State University's Foster Fitness Center, Student Recreation Center, Hughes Fieldhouse, and Mozingo Outdoor Education Recreation Area (FFC, SRC, HFH, MOERA), and for the University's upkeep and maintenance of each facility, I, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate, hereby agree to forever release, discharge, and indemnify Northwest Missouri State University and its Board of Regents, the Missouri Coordinating Board for Higher Education, the State of Missouri, and their respective employees, volunteers, agents, designees, officers and agencies (collectively, "Northwest Missouri State University") as follows:

ASSUMPTION OF RISK: I acknowledge that my use of the FFC, SRC, HFH, and MOERA carries certain inherent risks that cannot be eliminated regardless of the care taken by Northwest Missouri State University. The specific risks vary but include, among other things: (1) minor injuries such as scratches, bruises, and sprains; (2) major injuries such as loss of sight, joint or back pain, heart attacks and concussions; and (3) catastrophic injuries such as paralysis and death.

I acknowledge reading the previous paragraphs and understand and appreciate the risks inherent in my use of the FFC, SRC, HFH, and MOERA. I hereby assert that my use of the FFC, SRC, HFH, and MOERA is voluntary and that I knowingly assume all risks associated with my use of FFC, SRC, HFH, and MOERA.

WAIVER OF LIABILITY AND INDEMNIFICATION: *I hereby voluntarily release, waive, and forever discharge any and all claims of negligence against Northwest Missouri State University that relate in any way to my use of the FFC, SRC, HFH, and MOERA.*

SEVERABILITY: I expressly agree that this Assumption of Risk, Waiver of Liability, and Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and that if any portion of the Agreement is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

ACKNOWLEDGEMENT OF UNDERSTANDING: I hereby acknowledge having read the entirety of this Assumption of Risk and Waiver of Liability, and state that I fully understand the terms stated herein. I acknowledge that I am signing this Assumption of Risk and Waiver of Liability freely and voluntarily and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of participant

Printed name of participant

Date

Age (if minor)

919#: _____

PLEASE HAVE A PARENT OR GUARDIAN COMPLETE THE FOLLOWING:

Signature of parent/guardian

Printed name of parent/guardian

Date

Northwest SPONSOR/Affiliate (Day Pass) **Name:** _____ **919#** _____

ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY AGREEMENT

In consideration of the services provided by Northwest Missouri State University, its board, agents, owners, volunteers, participants, employees, and all other persons or entities acting in any capacity on its behalf (hereinafter collectively referred to as the "University") in conjunction with participating in outdoor education and/or recreation opportunities at Mozingo Outdoor Education Recreation Area (the "Event"), I hereby agree to release, hold harmless, and discharge the University, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in the Event entails known and unanticipated risks, which could result in physical or emotional injury, sickness, paralysis, death, or damage to myself, to property, or to third parties. The Event is based on the "challenge by choice" principle and the Event involves strenuous physical activity. At any time, you and/or your group are free to withdraw from participation in the Event. The risks include, among other things, slips, falls and falling, rope burns, pinches, scrapes, twists, jolts, firearms, ammunition, projectiles, loud noises, water sports, and that could result in scratches, bruises, sprains, lacerations, fractures, concussions, impalement, hearing damage, drowning, sickness, paralysis, or death. During the Event, there may be contact with plants, animals, or insects that could create hazards such as stings, allergies, and associated diseases. I understand that such risks simply cannot be eliminated.
2. I understand that some or all of the Event will take place on property that is not owned by the University, including travel to and from the Event. I understand that some portions of the Event will not be supervised by University personnel.
3. I agree to follow all rules and policies of the Event. I further understand that the University may ask me to leave the Event immediately for failing to adhere to any rule or policy, in the sole discretion of the director(s) of the Event.
4. I expressly agree and promise to accept and assume all of the risks existing in the Event. My participation in this Event is purely voluntary, and I elect to participate in spite of the risks. I further certify that I am willing to assume the risk of any medical or physical condition I may have. I hereby give my consent for any medical treatment that may be required, as determined by a medical professional, during my participation in the Event, with the understanding that the cost of any such treatment will be solely my responsibility.
5. **I hereby voluntarily release, waive, and forever discharge any and all claims of negligence against the University that relate in any way to my participation in the Event, or any other activity I undertake at MOERA, including transportation to and from the Event.** I further agree to indemnify and hold harmless the University from any and all claims, demands, causes of action, or attorney's fees arising from my negligence or willful acts while participating in the Event or any other activity at MOERA.
6. Should the University or anyone acting on its behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
7. I understand that the University does not maintain an insurance policy that would provide coverage in the event that I am injured during the Event or cause any injury during the Event. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself.
8. I understand that the University may photograph, film, and/or record ("Medium") my participation in the Event. I authorize the University to use Medium and my likeness in conjunction with any University marketing and/or promotional materials, including, but not limited to, social media accounts. I understand that I will not be compensated in any way for such use.

In the event that I file a lawsuit against the University, I agree to do so solely in the state of Missouri, and I further agree that the substantive law of that state shall apply in that action without regard to conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I expressly state that I have had sufficient opportunity to read this entire Agreement. I further certify that I have read and understood it, and I agree to be bound by its terms.

I further understand that this document contains a negligence waiver and indemnification provisions. I further understand that this document may bar a lawsuit or any other legal claim that I may have against the University.

Signature of Participant: _____ Print Name: _____

Address: _____

Phone: _____ Date: _____

MOERA STAFF ONLY

This is an Event Waiver for...(which group) & (date/time)

Reason for the Assumption of Risk, please explain:

UB Summer Food Order Form

Print First Name:

Print Last Name:

Pizza:

Please list your top two single topping pizza selections in the spaces below.

1. _____

2. _____

Dietary Needs:

☐ Lactose Intolerant – Please let us know if you will still be eating pizza and don't require an alternate meal.

Please circle one: I WILL eat pizza when provided I will NOT eat pizza and require an alternate meal

☐ Gluten Intolerant

☐ Vegetarian

☐ Vegan

☐ Other

If other, please specify: _____

Please list any food allergies: _____

*** If your dietary restrictions do not allow you to partake in the Sandwich or Pizza options above, please provide a suggestion for a quick alternate meal that UB can obtain for you on the days that these meals are provided to UB students (e.g. fresh salad, frozen meal, PB&J sandwich, etc.):
