



PRAIRIE VIEW A&M UNIVERSITY SCHOOL OF ARCHITECTURE

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ARTEC - Architecture Enrichment Concepts for High School Students

Offered to students interested in ARCHITECTURE - CONSTRUCTION SCIENCE - DIGITAL MEDIA ARTS

ARTEC is co-sponsored by the School of Architecture.

Summer 2019

July 6 - 13, 2019 - one weeks

- **Institute for Pre-College Enrichment**
- **Cost: \$350.00 (cost includes, Housing and meal plan for one weeks)**

Prairie View A&M University School of Architecture has the ARTEC - Architecture Enrichment Concepts a one-week residential summer program for talented high school students. The mission for ARTEC is to help prepare students for the new school year and assist them in making early plans to pursue a college education in an area that interest them most.

They are also encouraged to stay in school and to go to college. Many of our former participants have enrolled at Prairie View A&M University or other universities upon graduation from high school.

Currently, ARTEC and selected academic units' program with workshops to help the students plan and prepare for college and future careers. Students will receive emphasis on design, construction and Digital Media Art. In the workshop, the students are:

- *Design of an building, structure and putting it together*
- *Visual communication*
- *Design thinking is a powerful process of problem solving that begins with understanding unmet customer needs.*
- *Graphic Design*
- *Using Digital Art as an artistic work or practice that uses digital technology as an essential part of the creative or presentation process*
- *Digital Media, Arts, and Technology*



Students Design Project

Barry H. Norwood, Associate Professor - Director
Student Services / Service Learning
Prairie View A&M University, School of Architecture
Nathelyne Archie Kennedy Building
P.O. Box 519; MS 2100, Office 251A
Prairie View, Texas 77446
Tel. 936-261-9802
Fax 936-261-9826
bhnorwood@pvamu.edu



PRAIRIE VIEW A&M UNIVERSITY
SCHOOL OF ARCHITECTURE

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ARTEC Application Form
Application Due March 1, 2019

Name _____
Last Name First Name MI

Mailing Address _____
Street/P.O. Box City State Zip Code

Phone () _____ Cell () _____ E-mail _____

Date of Birth _____ Circle: Female or Male

Ethnicity, optional but highly desirable:

African-American
American-Indian
Caucasian
Hispanic
Asian/Pacific Islander
Biracial Other _____

GPA of _____ on a 4.00 scale / 5.0 scale (circle one)

Name of High School _____ **Current Grade**

School Address: _____ Counselor: _____
Street/P. O. Box City State Zip Code

Student Signature: _____ Date: _____

Provide information below pertaining to your Parent(s) or Legal Guardian:

Parent _____
Last Name First Name Relationship
() () ()
Day Phone Number Evening Phone Number Cell Phone Number E-mail

Parent _____
Last Name First Name Relationship
() () ()
Day Phone Number Evening Phone Number Cell Phone Number E-mail



WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of _____ ("activity"), which is sponsored by _____ Prairie View A&M University, a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees ("RELEASEES" or "INDEMNITEES") from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to _____, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in this activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. **For students going on fieldtrips or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20_____.

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____
(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____
(If Participant is under 18 years old)

INSTRUCTIONS: (1) The document should be printed in a font size no smaller than 10-point type. This is 10-point type. This is 12-point type. (2) The formatting/font style (**bolded, underlined, and italicized**) in paragraph nos. 1, 2, 5 & 6 should not be altered.

TAMUS-OGC-Approved 5/7/2015

Pick Up Authorization and Health Information Form

I. EMERGENCY CONTACT INFORMATION

1. Participant Name:

First Last

2. Parent / Legal Guardian Information:

First Last

Address E-mail Address

Primary Phone Secondary Phone

II. PERSONS AUTHORIZED TO PICK-UP CHILD

In addition to the parent/guardian(s) listed above, please list the names of any possible persons authorized to pick up the above referenced child. Use the other side of this form to add additional names. Please Note: Photo ID's must be presented at the time of pick up.

_____ First Name	_____ Last Name	_____ Relationship to Child	_____ Phone Number
_____ First Name	_____ Last Name	_____ Relationship to Child	_____ Phone Number
_____ First Name	_____ Last Name	_____ Relationship to Child	_____ Phone Number

III. AUTHORIZATION FOR SELF-CHECKOUT

Program participants will only be released at the scheduled program ending times, or times designated to the program by the parent/legal guardian. Please select from the check-out options listed below.

- ☐ I do not grant my child permission to self-checkout from this program. Only the individuals listed above are authorized to pick-up and sign-out my child.
- ☐ I will not be escorting my child to and/or from the program and grant my child permission to travel to and/or from the program and check-out independently at the conclusion of the program.

PHOTO & VIDEO RELEASE

I, _____, as the parent and/or guardian of _____, authorize Prairie View A&M University to photograph or video my son/daughter and to use the photographs or videos for educational or promotional purposes in any media format chosen. I understand that photographs or videos may not be used for profit without my express permission. I acknowledge that I will not be paid or rewarded for providing this authorization. **INITIALS** _____

HEALTH INFORMATION

Is there anything in youth's health history that the program staff should know? _____

Are there any activities from which the youth should be restricted? _____

Please list any special services your child may require _____

Does the youth have any special dietary restrictions? ☐ NO ☐ YES If YES, explain _____

Please list any allergies _____

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? ☐ NO ☐ YES If YES, explain _____

Parent/Legal Guardian Name (Please Print)

Parent/Legal Guardian Signature & Date



AUTHORIZATION FOR DISPENSING MEDICATION

IF NO MEDICATION IS REQUIRED PLEASE SIGN BELOW(*)

PARENT'S AUTHORIZATION

Name of Child to Receive Medicine		Name of Medication	
Prescribing Physician	Prescription No.		Expiration Date
Dosage	When to Give		Continue Medication Until (date)

NOTE: Medication must be in its original container and labeled with your child's name and the date medication is left at the facility. Medication can only be administered in amounts according to the label directions.

Signature-Parent or Guardian (*)

Date

CAREGIVER'S RECORD OF ADMINISTERING MEDICATION

[illegible]

Disposition of Left-over Medication

9

Returned to Child's Parent/Guardian

7

☐ Thrown Away

Date: