

STEM Goes Red



Join us at STEM GOES RED!

Are you interested in learning what a career in science, technology, engineering or math might look like? Want to spend a day at the Exploratorium with female STEM leaders and learn how they make an impact in their community through a career in STEM?

WHAT IS STEM GOES RED?

- *STEM Goes Red* is a day-long event hosted by the American Heart Association's Go Red for Women movement, aimed at inspiring Bay Area young women to explore STEM outside the classroom.
- The event will include:
 - Speed mentoring with professional female STEM leaders.
 - Interactive breakout sessions led by top STEM-related companies.
 - Opportunities to connect with some of the Bay Area's leading science, technology and engineering companies, like Salesforce, Wells Fargo and EY!
 - Discussions around health and the number one killer of women – heart disease.

WHAT DO YOU NEED TO DO?

- Apply now using the attached application.
- Submit your application to the teacher who nominated you by October 19th.

APPLICATIONS DUE BY OCTOBER 19th

STEM GOES RED EVENT INFORMATION

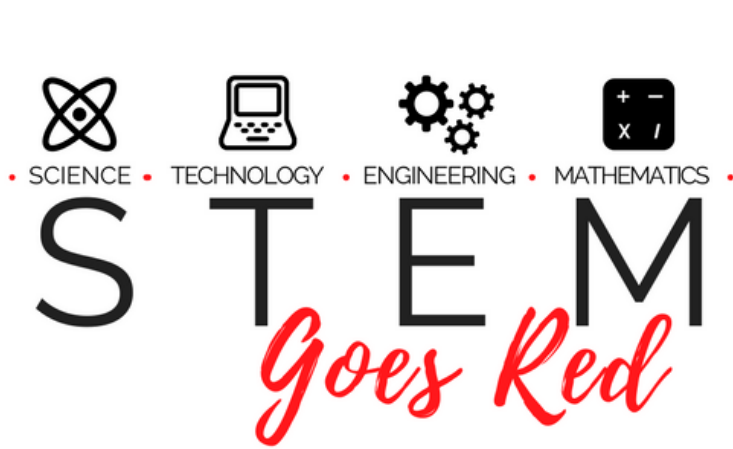
WHEN: Thursday, October 25th, 2018 – 9:00am – 3:00pm

WHERE: Exploratorium, San Francisco

QUESTIONS? Contact your nominating school administrator.

PLEASE NOTE:

- All attendees must be at least 14 years old at the time of the event.
- Transportation to be arranged with SFUSD.
- School and teacher permission slips must be completed by **October 22nd**.
- Student will receive free access to the Exploratorium Museum after the event, until 5:00pm!



2018 STUDENT NOMINEE APPLICATION

APPLICANT INFORMATION:

Applicant Name		Phone Number
Email Address		
High School		Grade
High School Address		
City	State	Zip
Applicant Signature		Date

SHORT ANSWER QUESTION: Please write or type your answer to the following questions:

1. Why do you want to attend the *STEM Goes Red* event?
2. What STEM field interests you most (Science, Technology, Engineering, Math) and why?
3. What do you hope to learn at *STEM Goes Red*?



ADDITIONAL INFORMATION:

- Student must be female, and at least 14 years of age at the time of the event.
- Application must be submitted to the teacher who nominated you by October 19th.
- Up to 100 students will be selected to attend *STEM Goes Red*.

HIGH SCHOOL CONTACT (TEACHER/COUNSELOR) INFORMATION:

Name	Title
Phone ()	Email

To be completed by High School Contact:

I, _____ (Contact Signature)	<input type="checkbox"/> recommend <input type="checkbox"/> somewhat recommend <input type="checkbox"/> highly recommend	this student for <i>STEM Goes Red</i> .
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THANK YOU FOR APPLYING TO ATTEND
STEM GOES RED

PARTICIPANT RELEASE AND INDEMNIFICATION

1. VOLUNTARY PARTICIPATION. I acknowledge that my attendance at the American Heart Association's ("AHA") STEM Goes Red event at the Exploratorium in San Francisco, CA on October 25, 2018 ("Activity") is voluntary and I have obtained the necessary permissions to participate in this Activity outside of school.

2. ASSUMPTION OF RISK. In consideration of being allowed to participate, I hereby expressly assume all risks, including personal injury and death and damage to my property arising out of my participation that may include but not limited to, contact with other participants, exposure to weather, and injury from going to and from the Activity. I am solely responsible for my own health and safety and represent and warrant that I am physically fit and able to participate. I further agree that I will not operate any automobile for any purpose relating to my attendance.

3. RELEASE AND INDEMNIFICATION. I agree for myself, my heirs, executors and administrators to not sue and to release, indemnify and hold harmless, the American Heart Association, Inc., its affiliates, officers, directors, volunteers and employees and all sponsoring businesses and organizations and their agents and employees ("Released Parties"), from any and all liability, claims, demands and causes of action whatsoever, arising out of my participation and related activities, whether it results from the negligence of any of the above or from any other cause.

4. EMERGENCY MEDICAL TREATMENT. I hereby give permission to the AHA to order medical treatment in an emergency and request to be contacted at the telephone no. below. Notwithstanding the foregoing, I acknowledge that AHA is under no obligation to provide for emergency medical treatment.

5. MEDICAL TREATMENT RELEASE. I hereby release and forever discharge the Released Parties from all claims, demands, causes of action which I, my heirs, representatives, executors, administrators or any person acting on my behalf or on behalf of my estate, by reason of the permission given for any first aid or medical treatment provided including the lack thereof.

6. PHOTOGRAPHS AND RECORDINGS. I grant to the AHA the unrestricted right to take photographs, videos and recordings (collectively, "graphic records") of me and I convey to the AHA all my rights to the graphic records without compensation, and give AHA permission to use the graphic records in any version in any and all of its publications, including but not limited to, web sites and program materials, in any media now or hereafter known, for any purpose.

7. MEDIA RELEASE. I hereby release and forever discharge the Released Parties from all claims, demands, causes of action which I, my heirs, representatives, executors, administrators or any person acting on my behalf or on behalf of my estate, by reason of the permission given for photographs and recordings including but not limited to claims for invasion of privacy.

8. INTERPRETATION. California law shall control this agreement. The foregoing release and indemnification agreement shall be as broad and inclusive as is permitted in California. If any portion of it is held invalid, the balance shall continue in full force and effect.

9. VOLUNTARY AND PERMITTED EXECUTION. By signing this agreement, I certify that I have carefully read this agreement and fully understand and accept its contents. I further acknowledge that I am under eighteen and hereby deliver the consent of my parent or guardian.

Participant's Signature: _____

Printed Name: _____

Date: _____

I am the parent/legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and Volunteer to its terms.

Parent/Guardian's Signature: _____

Printed Name: _____

Date: _____

Emergency Telephone No: _____