ENLACE 2021
Summer Research Experience

High School Students Name: _____

We expect that you will always conduct yourself with responsibility during the course of this program, that you will follow all regulations, and that you will be responsive to the faculty, staff, and students with whom you will be working. Your continued participation in this program depends on satisfactory fulfillment of these requirements.

We expect you will be protected from danger whether the danger is caused by intentional or negligent acts of others, whether the harm is verbal or physical. Nonetheless, all persons participating in this program shall be deemed to have waived all claims against the University of California, San Diego, its employees or affiliates, the University of California system, and the State of California for injury, accident, illness, or death occurring during the program.

Signature of Student: _____

Date: _____

☐ By marking this box, I confirm that I am currently a student in 11th grade of high school (4th semester of *bachillerato* in Mexico).
☐ By marking this box, I confirm that my high school overall grade point average is 3.6 or higher (9.0 or higher for *bachillerato* students in Mexico).
☐ By marking this box, I confirm that I have satisfactory command (intermediate or higher) command of the English language.

<u>Parents or Guardians</u>

We recognize that you are entrusting your children to our care. We have faith in the faculty and administrators of the University of California, San Diego, in that they will take all necessary steps to safeguard your children from danger and harm. We expect your children will be protected from danger whether the danger is caused by intentional or negligent acts of others, whether the harm is verbal or physical. Nonetheless, all persons participating in this program shall be deemed to have waived all claims against the University of California, San Diego, its employees or affiliates, the University of California system, and the State of California for injury, accident, illness, or death occurring during the program.

Name of Parent or Guardian #1: _____

Signature of Parent or Guardian #1: _____

Date: _____

Name of Parent or Guardian #2: _____

Signature of Parent or Guardian #2: _____

Date: _____

UC San Diego