

Beehive Forensics Institute at the University of Utah

CAMPUS USE and STUDENT BEHAVIOR AGREEMENT

The Beehive Forensics Institute (“BFI”) is made possible by the willingness of the University of Utah (“the University”) to allow us to use the campus facilities. In order for this relationship to continue, students must abide by all campus, residence hall, institute, and computer network policies. Students who violate any of the rules described below will be subject to disciplinary action, up to and including expulsion:

1. **Student Behavior:** Students must not engage in any of the following behaviors:
 - a. Disruption of teaching, research, administration, or other University activities.
 - b. Physical or verbal assault, sexual harassment, hazing, threats, intimidation, coercion, or other behaviors which threatens or endangers the health or safety of others.
 - c. Attempted or actual theft, damage, or misuse of University property.
 - d. Sale or distribution of information representing the work products of the BFI or the University for personal financial gain.
 - e. Unauthorized or improper use of University property, equipment, facilities, or resources, including unauthorized entry into any University room or building.
 - f. Possession or use on University grounds of firearms, weapons, or explosives.
 - g. Use, possession or distribution of tobacco products.
 - h. Use, possession or distribution of alcohol, narcotics, or controlled substances.
 - i. Violation of published University policies, rules, or regulations.
 - j. Violation of federal, state, or local civil or criminal laws on University premises or while participating in University activities, or on premises over which the University has supervisory responsibility pursuant to state statute or local ordinance.
2. **Administrative Policies:** Students must follow all instructions from BFI faculty, staff, and judges at all times. In addition, students must abide by the administrative policies of the BFI, which include, but are not limited to:
 - a. Students must complete all assignments in a timely fashion and by the due dates established by the BFI faculty and staff.
 - a. Student’s actions must contribute to a productive learning environment free from racism, sexism, classism, homophobia, and other forms of discrimination.
 - b. Students must arrive on time for all BFI activities and must not leave the BFI at any time without informing BFI staff.
 - c. Students must attend all BFI activities. In the event of a medical or health problem, students should contact a member of the BFI faculty/staff immediately.
 - d. Students must share any and all evidence and other materials with all members of the BFI.
 - e. Students must abide by additional rules established by the BFI staff necessary to the efficient operation of the BFI.
3. **Network Acceptable Use Policy:** Students who use the campus’ wireless or wired computer network are subject to the campus’ policies on computer use. Please limit your use of computer networks to BFI-related research and activities. The University prohibits using their network in a way that violates federal, state, and local laws. See the University Network Acceptable Use Policy at <http://regulations.utah.edu/it/4-002.html>.
4. **Parking:** All students who wish to park an automobile on campus are required to park in a pay lot or purchase a University parking permit at the current rate. Parking permits are available to purchase through University of Utah Commuter Services: <http://www.parking.utah.edu>.
5. **Theft/Personal Property:** Students are solely responsible for their personal property at all times. The BFI assumes no responsibility or liability whatsoever for any loss, destruction, or damage to personal property.

6. **Refunds:** No refunds will be issued except per the refund policy available at bfi.utah.edu. Students who leave the BFI early, cancel their registration or are expelled from the camp for any reason will not be issued a refund. Students who leave the BFI early will also not receive college credit.
7. **Photograph Release:** I understand that the University or others acting on its behalf may from time to time capture certain images, photographs, or recordings of BFI students and may wish to publish such recordings, photographs, or other images. I hereby authorize the University of Utah to capture and use photographs, video recordings, voice recordings, and/or other images or recordings of my student, and to publish or broadcast the same. I understand that such images, photographs, or recordings may be used with the student's name or no name, and may be edited, modified, or altered. I also understand that such images, photographs, or recordings may be displayed, reproduced, published, and/or broadcast through any media including, but not limited to, print, broadcast, and/or digital media, and may be used for such purposes as the University of Utah may deem appropriate, including without limitation, publicity, advertising, trade, art, or any other lawful purpose.
8. **Additional Rules:** For any rule not specified herein, see the University Student Code, <http://www.regulations.utah.edu/academics/6-400.html>, and the University Network Acceptable Use Policy, <http://www.regulations.utah.edu/it/4-002>.

I, the participant, verify that I have read and understood the "Beehive Forensics Institute Campus Use and Student Behavior Agreement" and I agree to abide by all provisions of those policies. I understand that failure to do so may result in my removal from the BFI.

Student Name (Print)

Student Signature

Date

I am signing this form on behalf of the minor participant. I acknowledge that I am the Guardian/Parent of the participant who is less than 18 year of age and that I understand the terms of the Agreement.

Parent/ Guardian Name (Print)

Parent/ Guardian Signature

Date

UNIVERSITY OF UTAH

**IMPORTANT: THIS IS A LEGAL DOCUMENT,
PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.**

MINOR PARTICIPANT INFORMED CONSENT & PARENT/GUARDIAN CONSENT TO TREATMENT, WAIVER AND RELEASE FOR U OF U EVENT OR ACTIVITY

This Agreement must be completed by the Participant and by Parent(s)/Legal Guardian in order to participate in the activities associated with this program.

Participant (print full name): _____

Program and/or Course: 2025 Beehive Forensics Institute

Date(s) of Program/Course: July 28 - Aug. 2, 2025

MINOR PARTICIPANT INFORMED CONSENT

I, the undersigned, am the Participant named above. I am familiar with the curriculum and the activities which take place in the above named Program at the University of Utah (the "Program"). I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program, which may expose me to illness, injury or death. Knowing of these risks, I freely and voluntarily participate in the Program.

I am also familiar with the rules of conduct and University policies relating to this Program. I agree to abide by the all of the operating procedures, including safety procedures outlined by the Program instructor, plus any directions given to me by an authorized University employee during the course of the Program.

(Signature of Minor Participant age 12-17)

PARENT/GUARDIAN CONSENT TO TREATMENT, WAIVER AND RELEASE

I _____ am the parent/guardian of the above named Participant who is under 18 years of age. I am familiar with the curriculum and the activities which take place in the above named Program and hereby give consent for the Participant to participate in the Program. I understand that participation in the Program can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program, which may expose the participant to illness, injury or death.

I state that Participant is free from any known heart, respiratory or other health problems that could prevent Participant from safely participating in any of the activities.

I hereby give my express consent in the event of injury for the University to obtain for the Participant any necessary emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

I certify that participant has medical insurance (provide insurance information below) and otherwise agree to be personally responsible for costs of any emergency or other medical care that Participant receives. I agree to release, waive, covenant not to sue, and hold harmless the University, and all of their officers, employees and agents (collectively the "Releasees") from the cost of any medical care that Participant receives as a result of participation in the Program.

I further agree to release Releasees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of Participant's participation in the Program. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

I agree that the site of any lawsuit arising out of or related to participation in the Program shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law.

I shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

*The University of Utah is committed to protecting minors participating in University programs. If you, as a parent/guardian, have concerns about any misconduct in connection with the above named Event/Program, please contact the University's Office of Equal Opportunity and Affirmative Action at (801) 581-8365.

Signature of Legal Guardian and/or Parent of Participant

Date

Emergency Contact Name and Relationship to Participant

Phone Number

Participant has been advised to maintain health & accident insurance to cover the costs of treatment in the event of any injury or illness.

Participant's Insurance I.D. number and insurance carrier, carrier address and phone number:

Beehive Forensics Institute at the **University of Utah**
STUDENT MEDICAL INFORMATION and RELEASE

Beehive Forensics Institute Participant: _____

Date of Birth: _____ Gender: _____

Primary Care Physician: _____

Phone: _____

Participant has adequate health insurance to cover the costs of treatment in the event of any injury or illness: Yes___ No___

Insurance Provider: _____ Policy #: _____

Policy Holder: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: _____

Does your child have any medical conditions or physical conditions/limitations that might inhibit his/her ability to participate in camp activities? Yes___ No___

If yes, please explain:

Does your child take any medications? Yes___ No___

If yes, please describe medication(s) type, dosage and frequency:

Does your child have any allergies or dietary considerations? Yes___ No___

If yes, please list and describe as specifically as possible:

Are there any religious observances you have that pertain to any medical care you may or may not receive? Yes___ No___

If yes, please explain:

Parent/Guardian 1: _____ Phone: _____

Parent/Guardian 2: _____ Phone: _____

Emergency Contact: _____ Phone: _____

In case of serious emergency or illness, when parents or guardians cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care. I, the undersigned, am the parent and/or legal guardian of the minor Participant named above. I am familiar with the activities that take place at the Beehive Forensics Institute.

Parent/ Guardian Signature: _____

Print Name: _____ Date: _____