

SEMI High Tech U Application & Consent Form

CONTACT INFORMATION: Please complete the following (print carefully)

Student Name (Last) (First)	Female Male	Age	Birthday (mm/dd/yr)
Home Address	Home Phone		
City/State/Zip	Cell Phone		
High School	District		
Student Email (<i>please print clearly</i>)	Ethnicity		
Grade in School (circle one) 9 10 11 12	Expected Graduation Date		
How did you hear about HTU?			

Parent/Guardian Name	Emergency Phone Number
Parent/Guardian Email	

Describe your interest in high tech and your reasons for applying to this program:

MEDICAL EMERGENCY RELEASE AGREEMENT: The SEMI Foundation cannot authorize Medical treatment, if needed, unless this form is completed and signed.

List any special dietary needs (i.e. vegetarian, lactose intolerant) _____

Do you have any allergies No Yes: _____

Do you have any medical/attention issues, health risks or special needs: No Yes: _____

The undersigned hereby gives permission for representatives of the SEMI Foundation and HTU sponsors to authorize emergency medical treatment as may be deemed necessary, while participating in HTU.

Insurance Company	Insurance Policy Number
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VIDEO, PHOTOGRAPHY AND STUDENT COMMENT RELEASE AGREEMENT:

I agree to release all said rights to any photography or video taken in connection with SEMI High Tech U. I understand that in proceeding with said photography or video the producer will do so in full reliance on the foregoing permission. I also release all said rights to any comments or quotes, which may be used in connection with corporate newsletters, industry publication, newspapers. I expressly agree to release SEMI, its members and agents, of any and all claims which I have or may have for invasion of privacy, defamation, or any other causes of action arising out of production, distribution, broadcast, exhibition or any other use whatsoever of photography, video or comments from students. Yes No (If no, please talk to SEMI Rep. on day one so we do our best to keep you out of photos.)

RELEASE AGREEMENT:

I give my permission for my student to participate in SEMI High Tech U. I give permission to SEMI and the program sponsors to act on my behalf in the event of a medical emergency. I hereby release, waive, and agree not to assert any claim of any sort, including claims, losses, or damages on account of any injury, death or damage to property, against the SEMI Foundation, or any of its members, partners, member firms, sponsors, advertisers, owners and lessees of any premises, or volunteers participating in this event relating to any accident, event or mishap that occurs in connection with my/my student's participation in the event.

Yes No

AGREEMENT TO PARTICIPATE:

It is understood that if a student agrees to attend the SEMI High Tech U program, they will:

- Attend all three days willingly
- Agree to demonstrate the desired behaviors
- Participate fully in all of the activities

Yes! I agree to display the desired behaviors and to participate fully in all the activities.

No, I cannot agree to the above listed requirements. Explain:

My signature indicates my agreement with the conditions listed above.

Student Signature:	Date:
Parent/Guardian Signature <small>(if Student is under 18):</small>	Date:

Email application to:
SEMI Foundation
semifoundation@semi.org
Phone: 1.408.943.6900