

**MUW Science Enrichment Program (SEP)**  
**ADULT APPLICATION AND MEDICAL/WAIVER FORM**

Workshop date and title of workshop for which you are applying: \_\_\_\_\_

Participant Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ M  F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Night) \_\_\_\_\_

E-mail \_\_\_\_\_

If Teacher, Name of School \_\_\_\_\_ Current Grade(s) Taught \_\_\_\_\_

**In case of emergency, please contact:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone 1. \_\_\_\_\_ 2. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MEDICAL HISTORY**

Please list any health conditions (illness, allergies, limitations, or medications) or special circumstances that our staff should be aware of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Address of carrier \_\_\_\_\_

Please list & describe any dietary requirements or food allergies:

\_\_\_\_\_  
\_\_\_\_\_

My photo may be used by the SEP for future promotional materials: YES  NO

It is expressly understood and agreed that the Mississippi University for Women shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the participant in connection with any activities of programs.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_