



**LSU** COLLEGE OF  
ENGINEERING



Office for Diversity  
Pre-College Programs



**PRESENTS**

# SHADOW DAY

**Calling All High School Juniors and Seniors!!!**

March 25, 2011

8am—5pm

Lunch Provided.

Experience the life of a LSU Engineering Student!  
Attend classes with students, meet faculty and staff,  
participate in an engineering design  
competition.

Complete the Registration Form and return no later than  
**March 1, 2011.**

Please visit [www.eng.lsu.edu/diversity/precollege](http://www.eng.lsu.edu/diversity/precollege) for more info or  
contact Dr. Henderson at 225-578-6004 or [vhende1@lsu.edu](mailto:vhende1@lsu.edu)



LOUISIANA STATE UNIVERSITY

**College of Engineering**

*Office for Diversity Programs*

Dear Parents, Teachers and Counselors:

The Louisiana State University College of Engineering Office for Diversity Programs is hosting a Shadow Day on March 25, 2011!

Shadow Day is a spectacular event designed to provide high school juniors and seniors an opportunity to gain first-hand experience about the typical day for a college student majoring in any engineering discipline. During the event, each high school student will be assigned a collegiate student with whom he/she will attend classes, eat lunch, and participate in a mini-design competition. This day promises to be both educational and exciting.

Shadow Day is open only to high school students in grades 11-12. Activities will begin at 8:00am and end at 5:00pm. There is no cost for this program, and lunch will be provided. **Please note that space is limited for this event.**

The Registration Form (attached below) must be received no later than Tuesday, March 1, 2011. Please mail (or email) forms to the address indicated at the end of the application. Confirmations and more details regarding the event will be sent to the email address provided or via phone.

We hope that you will allow your son/daughter/student to participate and get a glimpse of their future. If you have any questions, feel free to contact me at 225-578-6004 or at [vhende1@lsu.edu](mailto:vhende1@lsu.edu). Thank you in advance and we look forward to hearing from you soon.

Sincerely,

Vaneshette T. Henderson, PhD  
Pre-College Program Coordinator



College of Engineering  
Office for Diversity Programs

## ENGINEERING DIVERSITY SHADOW DAY 2011 (11<sup>th</sup> -12<sup>th</sup> Grades ONLY)

**Student Information: (please type or print clearly)**

Student's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Age: \_\_\_\_\_ Gender  M  F Race/Ethnicity:  Black  White  Hispanic  
 Asian-American  Other: \_\_\_\_\_

Discipline of Interest: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent/Guardian Information**

Parent's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Will student be driving his/her vehicle to Shadow Day?  Yes  No

**Attention: All information must be completed for this event. The College of Engineering, Office for Diversity Programs is not responsible for any liabilities, which occur as a result of any activities during this event.**

**Statement of Permission**

I hereby give my permission for \_\_\_\_\_ to participate in the Shadow Day 2011 to be held on LSU campus on Friday, March 25, 2011.

\_\_\_\_\_  
Parent/Guardian's Signature Date

\_\_\_\_\_  
Student's Signature Date



College of Engineering  
Office for Diversity Programs

**Emergency Information Form**

Name of Emergency Contact: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Is your child taking medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list:  	Is your child physically impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain:  	Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list:  
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Student's Medical Provider: \_\_\_\_\_

Medical Identification Number: \_\_\_\_\_

Hospital: \_\_\_\_\_

Student's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax/Mail Forms by March 1, 2011 to:  
College of Engineering  
Office for Diversity Programs  
Louisiana State University  
3304 Patrick F. Taylor Hall  
Baton Rouge, LA 70803  
Phone: 225-578-6004  
Fax: 225-578-4845



College of Engineering
Office for Diversity Programs

PARTICIPANT RELEASE AND WAIVER OF LIABILITY

This is a Release and Waiver of Liability (the "Release") executed on this date, \_\_\_\_\_, by \_\_\_\_\_ (The "Participant"), and, if applicable, in conjunction with \_\_\_\_\_ (the "Parent"), having legal custody or legal guardianship of the participant. The Participant hereby freely, voluntarily, and without duress executes this Release under the terms below: The Participant does hereby release and forever discharge and hold harmless LSU and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from participating with the LSU College of Engineering Office for Diversity Programs Shadow Day.

- 1. Medical treatment. The participant understands that LSU does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.
2. Assumption of Risk. The participant hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases LSU from all liability for injury, illness, death or property damage resulting from the Activities.
3. Photographic Release. Participant does hereby grant and convey unto LSU all right, title and interest in any and all photographic images and video or audio recordings made by LSU during the Participant's Activities with LSU, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings
4. Assessment Release. The participant agrees to participate in and complete survey information and other assessment techniques for the purposes of instructional feedback to the participant and /or the faculty and staff of the College of Engineering or LSU for improvement to the XCITE Program. The participant demographics information is optional.
5. Other. The participant expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Louisiana, and that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Louisiana. The participant agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

By Signing below, the participant and, if applicable, the parent/guardian, has read, understood and executed this Release as of the date first above written.

Participant's Signature

Parent or Legal Guardian Signature

Date