These forms must be returned by Wednesday, March 20, 2013 in order for you to participate in the program.

Email ousf@duke.edu or Fax to (919) 681-7059
Attn: Daniel Baroff

Please read the following information carefully with your parent/guardian and sign your names on the lines provided to indicate your understanding and acceptance of the contents. If you or your parent/guardian has any questions about any of the following statements, please feel free to contact the Office of Undergraduate Scholars and Fellows.

We look forward to meeting you on April 3rd. We have included the following information to help you plan your visit. More detailed information will be sent in the coming weeks.

**Travel Information:**

We will cover mileage at $0.565 per mile up to $125 for all finalists. If you prefer to fly, we will also cover up to $100 toward your airline ticket. **You will be reimbursed if your mileage or airfare receipt is submitted within two weeks of returning after the weekend.** We will provide reimbursement forms once you arrive on campus.

Check-in will be Wednesday evening, April 3rd, between 5pm and 7pm at Associate Director Jenny Wood Crowley’s house (27 Gorham Place, Durham, NC 27705). You and your parents are welcome to join us for a buffet dinner and current scholars will be there to greet you and drive you to campus. Parking is extremely limited on campus, so please arrange to be dropped off and picked up. Unfortunately, we are unable to provide parking for you during your stay if you do decide to drive yourself, but let us know if there are extenuating circumstances. Departures will be Saturday, April 6th at 12pm.

If you chose to fly to Durham, we will meet you near the baggage claim area at Raleigh-Durham Airport. A shuttle service will bring you to campus. **Please be sure to provide your exact arrival time below.** We will use this information to ensure that a current scholar will be available to greet you when you arrive on campus.

All of your meals will be covered while on campus and you will be staying with freshmen scholars in their dorm rooms.
Please complete the following travel information.

Name:

Method of Travel: driving self being driven airplane other: ____________

My Arrival Time:  
Wednesday at __________ OR, Thursday at __________ (before 2pm)

If flying, please provide airline and flight number in addition to arrival time listed above.

If you have any questions now, please feel free to contact Associate Director, Dr. Jenette Wood Crowley, jenette.woodcrowley@duke.edu or Administrative Assistant, Ms. Lori Rauch, lori.rauch@duke.edu at (919) 660-2429.

Participant Responsibility Acknowledgement

I, ________________________________ (please give student’s full name) am aware that participants in on-campus visitation programs are required to abide by the rules of conduct which govern the behavior of students regularly enrolled at Duke University. I acknowledge that both Duke University policy and North Carolina law prohibit the consumption of alcohol by persons under 21 years of age and prohibit the use of illegal drugs. I agree to abide by these rules during the B.N. Duke Scholars Finalist Weekend on April 3-6, 2013, and agree not to seek damages from Duke University due to injury that results from consumption of alcohol or drugs, or any other illegal activity.

I understand that during my participation in this program I am responsible for my own behavior and the consequences of my behavior, and that I will not be supervised by personnel of the Office of Undergraduate Scholars and Fellows or Duke University during my free time on campus. I also understand that the B.N. Duke Scholarship Program reserves the right to take into consideration, during scholarship deliberations, any inappropriate behavior during my campus visit.

_________________________________________  Date

Signature of Participant

_________________________________________  Date

Signature of Parent/Guardian if Participant is under 18 years of age

Please read and complete all 5 pages of this document
Return all forms to The Office of Undergraduate Scholars and Fellows: ousf@duke.edu; or Duke University, Box 90756, Durham, NC 27708; or fax to 919-681-7059
https://sites.duke.edu/finalistweekend2013/
Liability Release and Indemnification

This release will confirm that _________________________________ (please give full name), age ________________, has our permission to be a member of the B.N. Duke Scholars Finalist Weekend on April 3-6, 2013.

This release includes events held on and off the Duke campus. In consideration of Duke University accepting him/her as a member of this program, I agree not to seek damages from Duke or any of its trustees, officers, faculty members, employees, or agents, for or on account of any personal injury, loss of health, loss of property, or other damage sustained to him/her directly or indirectly, resulting from his/her participation in this program; and I agree to and do release Duke University from, and hold it harmless against, any and all liabilities or expenses incurred in respect of any claim, suit, or cause of action on account of any such injury, loss or damage.

This release and agreement shall be binding upon me and my heirs, executors, administrators, and successors, and I intend it to take effect as a sealed instrument and to be governed by the law of the State of North Carolina.

Executed as a sealed instrument this ________________ day of ___________________________________, 2013.

___________________________________________________________
Signature of Parent/Guardian
Student’s Full Name

Should emergency treatment be necessary for your child, we need your permission to authorize such treatment in the event that you cannot be reached. Please sign below to permit Duke University to authorize emergency medical treatment for your child.

Signature of Parent/Guardian

Please list all allergies and dietary restrictions to which your child is subject (i.e. bee stings, milk allergies, etc.).

Please list any medical conditions your child may have and any medications that are now being taken. Also, please indicate any medications your child should not take.

Parent(s) Information
(to be used only in case of an emergency)

Mother’s Name ___________________________________ Father’s Name ___________________________________

Mother’s Work No. (______) ____________________________ Father’s Work No. (______) ____________________________

Home Phone No. (______) _______________________________ _______________________________

Mother’s Cell Phone (______) ___________________________ Father’s Cell Phone (______) ___________________________

Mother’s Email ___________________________________ Father’s Email ___________________________________
PRESS RELEASE FORM

University News Services asks that you furnish the name, town, and state of your hometown newspaper(s) and any other newspapers to which you or your parents wish to have a news release sent in the event that you are selected as a recipient of the scholarship.

Please check the appropriate scholarship program:

☐ B.N. Duke Finalist   ☐ B.N. Duke Finalist   ☐ Reggie Howard Finalist
☐ Trinity Scholar     ☐ University Finalist

Name: ________________________________
       Last            First            Middle

Home Address: ___________________________________________________________
               Street          City            State            Zip Code

Mother’s Name: ________________________________

Address: _______________________________________________________________
          Street          City            State            Zip Code

Father’s Name: ________________________________

Address: _______________________________________________________________
          Street          City            State            Zip Code

Student’s High School: ____________________________________________________
                      Name            City            State

Local Newspaper(s):

Name_________________________ City and State_________________________

Name_________________________ City and State_________________________

The Office of Undergraduate Scholars and Fellows and University News Services have my permission to release the above information and any photographic images of me in news releases.

Finalist’s signature

Please read and complete all 5 pages of this document

Return all forms to The Office of Undergraduate Scholars and Fellows: ousf@duke.edu; or Duke University, Box 90756, Durham, NC 27708; or fax to 919-681-7059
https://sites.duke.edu/finalistweekend2013/