

University of California, Irvine • Division of Continuing Education Artificial Intelligence Program Application Form – 2019

Please mark program you are applying:

- Beginning Artificial Intelligence Program – July 21 – Aug. 3, 2019
Advanced Artificial Intelligence Program – Aug. 4 – 17, 2019

1. PERSONAL INFORMATION:

Please type or print your name exactly as it appears on your passport, and include a copy of your passport page with name and photograph. Applicant must be a current high school or undergraduate student. (age 16+).

Last Name (*Family Name*) _____ Gender: Male Female

First Name (*Given Name*) _____

Middle Name(s) _____

Date of Birth ____/____/____
Month Day Year

Country of Birth _____

Country of Citizenship _____

Street Address (*Must **not** be a P.O. Box*) _____

City _____

Country Code _____ Permanent Telephone Number _____

Email (*Required*) _____

2. REPRESENTATIVE INFORMATION:

Complete this section if applicant referred by a representative.

Educational Agency _____

Embassy _____

University/Partner Institution _____

Other (*e.g., parent, friend, etc.*) _____

Contact Name _____

Contact Email _____

IMPORTANT:

Sign below to authorize UCI Division of Continuing Education to release your financial and academic records to the agent/representative listed above. See <http://www.reg.uci.edu/privacy> for more information about student record privacy.

Applicant's Signature _____

3. VISA INFORMATION:

What is your visa status?

___ U.S. Citizen/Permanent Resident

___ Other non-immigrant status (please specify) _____

4. HEALTH CONDITIONS:

Please list allergies, physical limitations, medical conditions, the type and purpose of any medications you take or any special needs or accommodations you may require.

5. ROOMMATE REQUEST:

Please note that you may select and list a roommate preference, however we cannot guarantee you will be paired with the person you selected.

6. STUDENT SIGNATURE (required):

(Applicant's Signature)

(Date)

7. PARENTAL/LEGAL GUARDIAN INFORMATION (Students under the age of 18 only):

Name of Applicant (Last, First, Middle): _____

Name of Parent/Legal Guardian (Last, First, Middle): _____

Address: _____
(Street, or P.O. Box, City, State, Zip Code, Country)

Telephone number: Day (____) _____ Night (____) _____

Email Address: _____

8. ADULT RELATIVE OR FAMILY FRIEND IN THE UNITED STATES (If applicable):

Does the Applicant have an adult relative or a family friend in the United States? Yes No

Does the relative or family friend speak English? Yes No

Name of relative or family friend (Last, First, Middle): _____

Address: _____
(Street or P.O. Box, City, State, Zip Code)

Telephone Number: Day (____) _____ Night (____) _____

Email Address: _____

9. STATEMENT OF AUTHORIZATION (Students under the age of 18 only):

I, the undersigned parent or legal guardian of _____
(Name of Applicant)

do hereby authorize The University of California, Irvine Division of Continuing Education and its agents or representatives to consent, on my behalf, to any medical, psychological, and/or hospital care or treatment (including locations outside the U.S.) to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization in the event services are not covered under the insurance policy.

(Signature of Parent or Legal Guardian)

(Date)

10. WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT:

Waiver: In consideration of being permitted to participate in any way in a class or activity, hereinafter called "The Activity," I, for myself, my heirs, personal representatives or assigns, **do hereby release, waiver, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including negligence of The Regents of the University of California, its officers, employees and agents,** resulting in personal injury, accidents or illnesses (*including death*), and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from on activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them from any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver of liability, assumption of risks, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law during the duration of my enrollment at UCI Division of Continuing Education.

(Signature of Parent or Legal Guardian)

(Date)

(Signature of Applicant)

(Date)

(PRINT: Name of Parent or Legal Guardian)

(PRINT: Name of Applicant)