



CLASS OF 2022 GRADUATES

June 21, 2022

Kossiakoff Center at Johns Hopkins Applied Physics Lab
11100 Johns Hopkins Road, Laurel, Maryland 20723-6099

REGISTRATION FORM

1 Your Information

| | | | |
|--|--|---|--|
| Name: | | | |
| Street Address: | | | |
| City, State, Zip: | | | |
| Cell phone: | | E-Mail: | |
| High School: | | | |
| T-shirt Size: | | Transportation required: <input type="radio"/> yes <input type="radio"/> no | |
| Lunch choice/dietary restrictions: <input type="radio"/> vegetarian <input type="radio"/> vegan <input type="radio"/> etc: _____ | | | |
| Next 6–12-month future plans: <input type="radio"/> college <input type="radio"/> work <input type="radio"/> trade school <input type="radio"/> etc: _____ | | | |

2 Questions

| On a scale of 1 to 5, how prepared do you feel for your future? | | | | |
|---|---|---|---|-----------------|
| (Not prepared) | | | | (Very prepared) |
| 1 | 2 | 3 | 4 | 5 |
| What do you hope to learn from this event's sessions? | | | | |
| | | | | |

CONTINUED ON BACK

3 Statement on COVID-19 Please check boxes. [Required]

All visitors need to be fully vaccinated or provide a negative COVID-19 test result within 72 hours of arriving at campus.

- »» VACCINATED – Currently defined as two weeks out from 2nd dose of Pfizer/Moderna or single dose of J&J.
- »» NEGATIVE COVID-19 TEST RESULT (FROM WITHIN 72 HOURS) – Only a professionally administered rapid test or polymerase chain reaction (PCR) test will be accepted; at-home or self-administered tests are NOT acceptable.
- »» COVID-19 VISITOR SCREENING – Visitors should complete [this survey](https://jhuapl.az1.qualtrics.com/jfe/form/SV_d5c40VTI81KE0rc) within a week of their expected visit.
- »» With the risk of community spread currently at “low,” masks are optional for all visitors. Visitors who are not fully vaccinated must maintain physical distance and present a negative test result from within 72 hours to access the campus.

| | |
|-----------------------|--|
| | I acknowledge that Maryland Business Roundtable for Education can not guarantee that I will not become infected with the Covid-19. I understand that the risk of becoming exposed to and/or infected by the COVID-19 may result from the actions, omissions, or negligence of myself and others. I voluntarily chose to attend the NEXTgen nextLEVEL event hosted by the Maryland Business Roundtable for Education and acknowledge that I am increasing my risk to exposure to the COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending. |
| I ATTEST THAT: | |
| | I will complete above COVID-19 Visitor Screening Survey within a week of my visit. |
| | I am fully vaccinated against COVID-19 (two weeks after completing the 2nd dose of Pfizer/Moderna or single dose of J&J). |
| | Or I am not fully vaccinated but will bring a negative COVID-19 test result (from within 72 hours). Also, I will maintain physical distance. |

| | | |
|-----------|--|-------|
| Signature | Parent/Guardian of <i>For students under 18</i> | Date: |
|-----------|--|-------|

I hereby release and agree to hold Maryland Business Roundtable for Education harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with my attendance. I understand that this release discharges Maryland Business Roundtable for Education from any liability or claim that I, my heirs, or any personal representatives may have against Maryland Business Roundtable for Education with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from my attendance. This liability waiver and release extends to the Maryland Business Roundtable for Education and its staff, partners, volunteers, and Board of Directors.

| | | |
|-----------|--|-------|
| Signature | Parent/Guardian of <i>For students under 18</i> | Date: |
|-----------|--|-------|



Maryland Business Roundtable for Education
 5520 Research Park Drive, Suite 150, Baltimore, MD 21228
 Office: 410.788.0333 | Fax: 410.788.0233

| |
|--------------|
| Received by: |
| Date: |



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MEDIA RELEASE FORM

The undersigned hereby agree and consent that any photograph or video taken by the Maryland Business Roundtable for Education or other photographic services staff member or affiliates of the undersigned may in any manner be used, published, displayed, and copyrighted by the Maryland Business Roundtable for Education without any restriction or limitation whatever for advertising or any trade or any purpose. The undersigned agrees and consents to release any photographs or videos for use on the Maryland Business Roundtable for Education's website, social media, promotional materials, newsletters, media releases and blogs as well as external websites and third-party sites. The undersigned further grants Maryland Business Roundtable for Education the right to describe and portray the undersigned and to use the undersigned's name, image, voice and any pictures, photographs or likenesses from third-party sources or given to Maryland Business Roundtable for Education by the undersigned or taken by Maryland Business Roundtable for Education or any third party, in connection with the Acquired Rights. The undersigned further consents to the use of statements, comments or opinions made, whether oral or written, referring to or relating to Maryland Business Roundtable for Education. Any images used on the website or promotional materials will be nameless and copy protected to prevent identification and replication.

The undersigned further agrees to release for themselves, their heirs, executors, and administrators Maryland Business Roundtable for Education, its officers, agents, employees and assigns from any obligation or liability, and from any and all claims for libel, slander, invasion of the right of privacy or any claim based on the use for exhibition of said materials.

| | |
|-------------------------|--|
| Child's Name: | |
| Parent/Guardian's Name: | |
| Street Address: | |
| City: | |
| Telephone: | |
| E-Mail: | |

| | |
|--------------------------|--|
| <input type="checkbox"/> | I acknowledge and agree to the terms and conditions stated above. |
| <input type="checkbox"/> | I acknowledge the terms and conditions stated above and I do not want my child to be photographed. |

| | |
|--|--|
| Legal Signature: | |
| Parent(s)/Guardian(s) Initials & Date: | |