Honesty, integrity, and civility are vital for a successful career. Each student given the privilege to enter the College of Business and Economics at West Virginia University is expected to practice these values. Accordingly, this Statement of the Standards for Civility and Honor (“Statement”) sets forth some of the standards that you must follow. Any action taken by a student in violation of this Statement or the West Virginia University Student Conduct Code, set forth in Board of Governors Policy 31 (“Student Conduct Code”), will be handled by the professor, the Student Code Administrator, and the Student Conduct Board, as appropriate.

As a student in the College of Business and Economics at West Virginia University, you are responsible for your own academic integrity and you shall neither violate this Statement nor place yourself in compromising situations. While each student is responsible for adhering to this Statement, faculty may also make further requirements related to academic integrity for a particular class. These requirements, if any, must also be followed.

The Student Conduct Code prohibits you from engaging in any acts of dishonesty. Acts of dishonesty include, but are not limited to, plagiarism and cheating and other dishonest practices in connection with examinations, papers, and projects. Each is described below; however, you are referred to the Student Conduct Code for a complete description of acts of dishonesty.

**Plagiarism** includes, but is not limited to: (1) submitting someone else’s research, writing, artistic conception, invention, or design that has been copied in whole or in part from the work of others, whether such source is published or unpublished, as one’s own work and (2) failing to acknowledge and cite portions of the works of others that have been used in an assignment.

**Cheating and dishonest practices in connection with examinations, papers, and projects** include, but are not limited to: (1) obtaining help from another student during examinations; (2) knowingly giving help to another student during examinations, taking an examination or doing academic work for another student, or providing one’s own work for another student to copy and submit as his/her own; (3) using notes, books, or other sources of information during examinations without authorization; and (4) having an unauthorized copy of an examination or any part thereof.

In addition to integrity and honesty, each student should join the College’s commitment to fostering an atmosphere of learning and service to society. Developing and maintaining this culture is accomplished through mutual respect and civility, with self-restraint, and concern for others. By joining this College, I accept the obligation to live by the following principles:

- I will embrace the concept of a civil community which abhors violence, theft, and exploitation of others;
- I will respect the sanctity of the learning environment and avoid disruptive and deceitful behavior toward other members of the College community;
- I will support a culture of diversity by respecting the rights of others who differ from myself;
- I will contribute to the development of a caring community where compassion for others and freedom of thought and expression are valued, as set forth in Board of Governors Policy 11;
- I will honor, challenge and contribute to the scholarly heritage left by those who preceded me and work to leave this a better place for those who follow.

Each student has the right to expect that each faculty member will foster this atmosphere of academic integrity and civility. Faculty will provide students with expectations related to course work (e.g., whether or not collaboration is permitted on assignments). Sanctions for handling violations of this Statement are stated in the course syllabus and in the Student Conduct Code (Article IV, B). In addition, each faculty member is to report violations of this Statement to the appropriate authority.

As a student of the West Virginia University College of Business and Economics, I will complete all academic work with both honesty and integrity. While part of the College, I will act in the manner outlined above and in the Student Conduct Code. Unless expressly permitted by the course instructor, I will not receive assistance of any nature to complete my examinations or other assignments, nor will I provide any form of assistance to another student. Further, I will submit only original work, giving credit to others where appropriate.

Print Name: ____________________________________________
Signature: ___________________________________________ Date: __________________________

Adapted from: Eller, Chicago, Katz, and Columbia Schools of Business
Family Educational Rights and Privacy Act (FERPA)

I agree and understand that it is necessary for the Office of Graduate Programs to disclose “education records,” as defined by the Family Educational Rights and Privacy Act of 1974 (FERPA), to the Washington Campus in order for me to gain security clearance to visit certain federal building in Washington, D.C. (For more information about FERPA at WVU go to http://ferpa.wvu.edu) Specifically, I agree to permit the disclosure of my Social Security Number (or other relevant identification number).

I understand that (1) I have the right not to consent to the release or disclosure of my education records; (2) I have the right to inspect and review such records upon request; (3) and that this consent to release or disclose shall cease at the conclusion of the trip to Washington D.C. (currently scheduled for April 10-13, 2011). I acknowledge that any disclosure of information made prior to the receipt of a written revocation shall not be affected by such revocation.

Note: If you agree to this your Social Security Number (SSN) will be pulled from our records in the Office of Graduate Programs and faxed to the Washington Campus. Your SSN will be used in order for you to gain security clearance into federal buildings and will be destroyed by the Washington Campus immediately following your experience. We will not be emailing your SSN’s at any time. If you respond no you may have to sit out for this part of the experience.

I have read this form in its entirety and I understand it fully. By signing it, I agree to all the terms of this document.

_____ YES, I agree

_____ NO, I DO NOT agree

__________________________________________________ Date: _______________

Student Signature:
The West Virginia University College of Business & Economics Office of Graduate Programs ("WVU") often promotes the success of its students through press releases, photographs, and captions. Additionally, photographs and features on students may be shared through social media, with faculty, or with other students within the Office of Graduate Programs, the greater University community, and the general public. Please provide us with the following information for our records. We are requesting a phone number and an e-mail address that you regularly check so that we can contact you should we need additional information. In addition, we are seeking your signature on an Authorization for Media/Marketing Release for permission to use your name and/or photograph in promotional materials for WVU. Thank you!

**Student Information**

Name: ____________________________________________________________

Phone: ___________________________ E-Mail: ___________________________

Secondary phone: ___________________________

Hometown/State: ___________________________________________________

Hometown Newspaper: _______________________________________________

Profession: ________________________________________________________

**Authorization for Media/Marketing Release**

I, the undersigned, hereby authorize WVU and its agents to record my image, voice, silhouette, and any other reproduction of my physical likeness on videotape, audiotape, film, photography, digital photograph or any other medium, and use my name, likeness, and/or biographical material in connection with these recordings and exhibit or distribute such recordings in whole or part in various forms of media, which may include but not be limited to, print, television, film, or the internet, throughout the world and in perpetuity without restrictions or limitations for any educational or promotional purpose consistent with the mission of WVU, which WVU, and those acting pursuant to its authority, deem appropriate. To the extent necessary, I authorize and permit, pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA), the release of all materials referenced above. For more information about FERPA visit [http://ferpa.wvu.edu](http://ferpa.wvu.edu).

Additionally, I hereby waive any right to inspect and/or approve the finished product. I understand that these materials are the sole property of WVU and that I will not receive any compensation for WVU’s use of these materials. In the event that I revoke this authority, I acknowledge that any disclosure of my image made by WVU prior to the receipt of my written revocation shall not be affected by revocation.

Signature: ___________________________________________ Date: _______________

Office of Graduate Programs * PO Box 6027 * Morgantown, WV 26506 * 304-293-6579
Dear Participant,

Thank you for acknowledging your required attendance at four residencies: Orientation, Washington DC Experience, Building the Business Professional, and The Mock Venture Capital Fair. Before participating, you must read, understand, and sign this form. It tells of some, but not all, of the risks you will face by choosing to participate. Additionally, by signing below you are releasing West Virginia University and the Board of Governors of West Virginia University (WVU) and others from all responsibility and liability for any injuries you might suffer or damages you might incur. This document substantially affects your legal rights. Please read it carefully and consult an attorney if you do not fully understand it.

1. Risks and Responsibilities. I understand there are the normal risks and dangers found in any type of travel and tourist activity to a large city, including, but not limited to, transportation delays or accidents, accommodation mishaps, victimization by criminal activity, illness and general mishaps. Additionally, I understand and acknowledge that WVU assumes no responsibility or liability, in whole or in part, for any the dangers to my own health and personal safety posed by sickness, disease, injuries (including death), weather, strikes, acts of God, war, quarantine, civil unrest, public health risk, criminal activity, violence, terrorism, or other circumstances beyond the control of WVU. Thus, I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travel to, from, in or around each residency location.

I understand that WVU may provide transportation to and from the Program location while in Washington DC. However, risks and dangers may also include the possibility that I may be left behind if I fail to report to the designated place at the designated time. Except as otherwise set forth herein, announcements about departure times and locations will be made upon arrival. Should I fail to show up at any such designated location at a designated time, WVU representatives may contact me on my cell phone. Please consider these risks and dangers carefully before deciding to continue with the Program.

I understand that failure to follow and abide by these and any other WVU policies and procedures, applicable laws and regulations, or any other behavior deemed unsuitable for purposes of the Program, shall constitute grounds for terminating my participation in the Program, and further disciplinary or other action may be appropriate.

2. Health Insurance, Medical Authorization and Emergency Information. I hereby represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses, including those I sustain or experience in the locality where I will be staying/traveling while on the Program. I agree to report to WVU at the time of my execution and delivery of this form any physical or mental condition I have which may require special medical attention or accommodation during the Program.

Additionally, I consent to any medical treatment that I may require during the Program or as a consequence of my participation in it. I accept full responsibility for the costs of any medical care I might receive during the Program or as a consequence of my participation in it.
The following person should be contacted in case of emergency:

Name: __________________________________________ Relationship: ____________________________

Telephone: ______________________________ Telephone: ______________________________

3. General Release, Waiver of Rights, and Agreement Not to Sue. I understand that WVU reserves the right to make changes to the Program at any time and for any reason, with or without notice, and WVU shall not be liable for any loss or additional expense to me by reason of any such cancellation or change. Further, I understand and acknowledge that WVU assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, bus, or vehicle rental reservations, personal vehicle, missed carrier connections, bankruptcies of service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carriers beyond WVU’s control, with or without notice, or for any additional expense occasioned by any of the foregoing.

To the extent allowable by law, I hereby WAIVE any claim I may have at any time based on my participation in the Program. Specifically, I hereby RELEASE, DISCHARGE, and AGREE NOT TO SUE the State of West Virginia; West Virginia University, including any component of the University, and its Board of Governors, officers, employees, students and agents; medical personnel, whether provided by WVU or not; and the heirs, predecessors, successors, and assigns of all of the persons and organizations listed here. I fully release all of these persons and organizations from any liability whatsoever in exchange for my permission to participate in the Program. My waiver of rights includes giving up any claim that I may have, and any claim that any other person may have based on my participation in the Program, including, but not limited to, parents, spouses, children and other relatives; my estate, personal representative or guardian; and insurers. My waiver releases all of the persons and organizations listed here from all liability, claims, demands, causes of actions, losses or damages, whether known or unknown, for bodily or personal injury or death, or damage to or loss of property, or any other injury, damage or loss of any kind, resulting from, arising out of, or in any way related to my participation in the Program, including any claim based on actual or alleged negligence, gross negligence, intentional, or reckless behavior.

4. Severability. I understand that every provision of this form is severable. If any term or provision hereof is held to be illegal, invalid, or unenforceable for any reason whatsoever, such illegality, invalidity, or unenforceability shall not affect the validity of the remainder of the form.

I understand and hereby acknowledge that my participation in the EMBA Program is wholly voluntary. By participating; however, I acknowledge that the residencies are a required part of the program. Further, I have read this form in its entirety and I understand it fully. By signing it, I agree to all the terms of this document.

Participant Signature: __________________________ Date: __________

Parent/Guardian Signature: __________________________ Date: __________
(Required only if Participant is under the age of 18)
WVU Adventure WV Program Acknowledgment of Risk and Assumption of Responsibility

I understand that, during my participation on Adventure WV, I will be exposed to above normal risks. Although Adventure WV program has taken precautions to provide proper organization, supervision, instruction and equipment for each trip, it is impossible for the Adventure WV program to guarantee absolute safety. I acknowledge that all risks cannot be eliminated without destroying the purpose and character of the trip or seminar. Also, I understand that I share the responsibility for safety on the trip and I assume that responsibility. I agree to comply with the instructions and directions of the Adventure WV staff members during the trip. The following describes some but not all of the risks.

WVU Adventure WV program take place out of doors, where participants are subject to environmental and other risks. Activities include hiking and backpacking, camping, rock climbing, initiatives, challenge course activities, caving, and whitewater boating.

- Activities take place in remote places, far from medical facilities. Communication and transportation are difficult and sometimes evacuations and medical care can be significantly delayed.
- Equipment may fail or malfunction, despite reasonable maintenance and use.
- Meals are prepared on gas stoves or fires. Water requires disinfection before use. Camping risks and hazards include burns, cuts, diarrhea and flu-like illness, and falling timber.
- Travel is by vehicle, raft, on foot and by other means, over rugged unpredictable off-trail terrain, including boulder fields, downed timber, rivers, rapids, river crossings, mountain passes, steep slopes, slippery rocks. Risks include collision, falling, capsizing, drowning and others usually associated with such travel.
- Environmental risks and hazards include rapidly moving, deep or cold water; insects, snakes, and predators, including large animals; falling and rolling rock; lightning, flash floods, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions.

I am aware that Adventure WV activities include risks of my injury or death. I understand the description above of these risks is not complete and that other unknown or unanticipated risks may result in property loss, injury or death. I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with knowledge of the inherent risks.

I have no physical or psychological problems that would prohibit my participation in the trip. I further understand that West Virginia University will not provide medical or other insurance coverage for this trip. If I must evacuate for any reason, I understand I am personally responsible for all medical/evacuation fees and that I will not receive a refund of the trip fee. (Participant must provide a copy of their medical insurance card prior to participation).

Participant Name
(please print)

Participant Signature

Trip and Date

I (we) acknowledge that there can be no guarantee of absolute safety against risks and unforeseen accident, as detailed above, that West Virginia University will not provide medical or other insurance coverage for this trip, and consent to the participation of the above named individual with the Adventure WV program.

Parent / Guardian Name
(please print) If participant is under 18 yrs of age

Parent / Guardian Signature
I. PARTICIPANT INFORMATION

Last Name: ____________________________ First Name: ____________________________

WVU ID # __ __ __ - __ __ __ - __ __ __ Height: ______ Weight: ______ Gender: ______

Date of Birth: ___ / ___ / ____ Age: ______ T-Shirt Size (Orientation Trips participants only): XS / S / M / L / XL / XXL

Street Address ____________________________ City/State/Zip ____________________________

Home Phone ____________________________ Cell Phone ____________________________

II. EMERGENCY CONTACT INFORMATION

Emergency Contact (1) ____________________________ Relationship ____________________________

Phone: Home ______ Work ______ Cell ______ E-mail: ____________________________

Emergency Contact (2) ____________________________ Relationship ____________________________

Phone: Home ______ Work ______ Cell ______ E-mail: ____________________________

III. INSURANCE INFORMATION

Each participant is responsible for medical expenses. A copy of your current medical insurance card should be brought along with you on the trip.

Name of Insurance Company: ____________________________ Insurance Co. Phone No.: ____________________________

Group No.: ____________________________ Name on Insurance Card: ____________________________

IV. CRITICAL INFORMATION RELATED TO PARTICIPATION

Please answer the following questions honestly and accurately. This information will be kept confidential. Our goal is to make necessary accommodations to provide you with the best possible experience. Please contact our office if you have questions or concerns about any of the following items.

Please list any allergies or special dietary needs that may affect your participation in the program (i.e. allergic to bees, vegetarian, vegan, nut allergy, allergies to medicines, gluten or lactose intolerant, etc): ____________________________

____________________________

____________________________

Please list all medications that, if not taken, may affect your ability to participate in the program: ____________________________

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____________________________

**If you are taking any medication that may be required during the program, you MUST bring ALL of those with you. If you do not have them, you may not be allowed to participate in the program.**
Please list any brace, orthotic, or other device that you use regularly that may affect your participation in the program:  

**If you regularly use any brace, orthotic, or other device, please bring this device with you. If you do not have them, you may not be allowed to participate in the program.

Do you wear glasses, contacts, hearing aids, or use any other implements to correct vision or hearing?

☐ Yes  ☐ No

**If yes, then please bring these items. If you wear contacts, please bring glasses in addition to your contacts.

Please list any other health information that may affect your ability to perform any of the activities involved in the program:

___________________________________________________________

___________________________________________________________

___________________________________________________________

Please list any other relevant information about you that the Adventure WV Staff should know regarding your ability to participate in an Adventure WV Program:

___________________________________________________________

___________________________________________________________

___________________________________________________________

V. PHYSICIAN INFORMATION

Physician’s Name ____________________________ Phone ____________________________

VI. ACCURACY STATEMENT

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of Participant ____________________________ Date ________________

Signature of parent/guardian (Required if under 18) ____________________________ Date ________________