目录

前进柏克莱实验学程计划i	简介

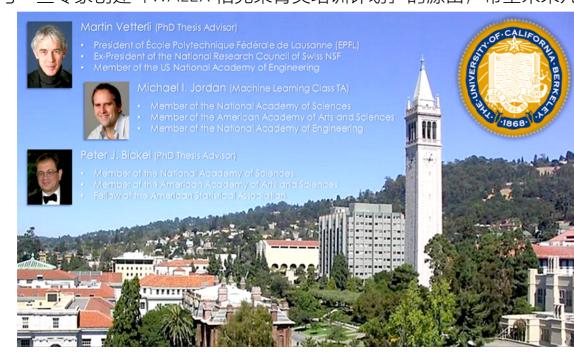
创始人郑振和博士给家长的话 ————————————————————————————————————	2
达沃斯论坛、21 世纪新劳动力 ————————————————————————————————————	3
学程计划 5x5x5 ————————————————————————————————	4
学程重点 ————————————————————————————————————	5
三大结业证书 ————————————————————————————————————	
WALEX	7
台湾 STEAM 基础教育联盟简介 ————————————————————————————————————	8
发起人郑博士学经历与团队介绍 ————————————————————————————————————	9
德国 Wolfgang 教授与其他合作团队介绍 —————	10
附件资料 ————————————————————————————————————	11
柏克莱两周集训课程与公开赛时程表 ———————	11
户外参访 ————————————————————————————————————	12
报名须知 ————————————————————————————————————	
报名表格 ————————————————————————————————————	15
美国柏克莱劳伦斯 - STEM 教育证书 ————————————————————————————————————	23
德国柏林洪堡大学 - 金融科技教育证书 ————————————————————————————————————	24
台湾 STEAM 基础教育联盟 - WGP 大赛证书 —————	25

柏克莱菁英培训计划创始人 郑振和博士给家长的话

二十世纪末我有幸在柏克莱大学攻读统计学博士,一方面在矽谷站在网际网路崛起的风口上,数据满天飞。对统计学家而言,当时真可谓是创世纪的诞生;另一方面,我的指导教授统计模型理论的泰斗 Peter Bickel 与 Berkeley EECS 从 MIT 合聘了机器学习大师 Michael Jordan,开始结合统计模型与神经网路演算法技术,赋予人工智慧 AI 新的认知格局。我也因为成为这一门博士班课程的助教,体认到结合人工智慧 AI 在复杂性动态系统之大数据分析的无穷潜力,加上从我的另一位论文指导教授讯号分析处理大师 Martin Vetterli 身上看到未来 AI 透过网际网路结合讯号感测元件将会启动物联网在未来 21 世纪给人类文明带来全面性翻天覆地的改变。

这几年在金融风暴过后,AI 的崛起实在既快又突然,或许人类已经意识到在资源有限的情况下,面临全球气候变迁与人口老化两大最根本的经济挑战,让我们没有选择余地,不得不把我们的未来交给 AI。然而,风险中创造机会,机会亦带来新的风险,从未来一、二十年内 AI 将会取代很多传统脑力的工作,一直到 30 年后 AI 可能发展出相当高阶的认知能力甚至自我的意识,人的能力跟人性如果没有再进化,人类的社会与文明恐怕会产生奇异点 Singularity 的创造性毁灭,我相信这绝对不是杞人忧天。既然 AI 这个潘朵拉的盒子已经打开,与其担心诱惑人类吃喝玩乐、帮忙勾心斗角之邪恶 AI 的崛起,不如努力让 AI 来协助人类进化,进入一个人机互动革命的良性循环。

二十年前我预见这一波 AI 革命的浪潮,感觉矽谷人才济济不缺我一个,放弃了在美国很好的机会,回到自己的故乡希望能够带头建立一个 AI 工业革命后的美丽家园,然而事与愿违,走过我的「黑暗黄金岁月」十多年,即使我建构了整套人工智慧与知识科技系统,横跨了金融、人力资源管理、教育以及医疗几个领域应用所衍生的十多个专利系统,最后发现要能够配合 AI 发展做产业革命的创新文化精神并没有在我们的教育体系中可以找到,能够找到跟 AI 协作的企业与人才实在寥寥无几。然而,教育改革谈何容易,要培养出不会被 AI 取代、进而能够跟 AI 协作的下一代,恐怕得先要找像柏克莱大学这样开放创新的机构合作,从小培养一批 AI 教育革命的特种部队,这正是我与一些专家创建「WALEX 柏克莱菁英培训计划」的源由,希望未来几



达沃斯论坛



21 世纪新劳动力



学程计画

5×5×5

125 种课程组合

每周六常态训练

9:00-12:00 主修 / 选修课程 Lesson Learning 13:00-15:00 小组解决问题 Team Problem Solving 15:00-17:00 小组竞赛

Team Decision Making

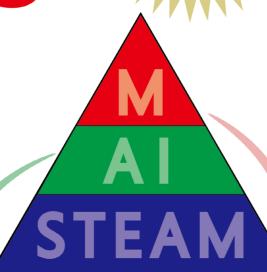
每周课程单元不同,

可选择一个月至多五次,

至少一次的全天课程

- 。NLP 自然语言处理 Natural Language Processing
- 。KG 知识图谱 Knowledge Graph
- 。VAR 虚拟 / 扩增实境 AR / VR
- 。BC 区块链 Block Chain
- 。QC 量子计算 Quantum Computing

- 。FinTech 金融科技
 Financial Technology
- 。EdTech 教育科技 Educational Technology
- 。BioTech 生物科技 Biological Technology
- 。EnviroTech 环境科技 Environmental Technology
- 。SpaceTech 太空科技 Space Technology
- Science:复杂性动态系统
- 。 Technology: 资讯科技, 知识科技, 物联网
- 。 Engineering: 机器人设计,区块链,知识库建构方式
- 。Art:动画设计,游戏设计,英文世界名著密码解析
- 。 Mathematics: 排列组合, 机率统计



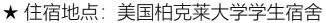


前进柏克莱实验学程

2019 暑期柏克莱菁英培训计划

第一梯次 6 月 29 日 -7 月 15 日 第二梯次 7 月 20 日 -8 月 5 日

★ 上课地点: 美国柏克莱大学劳伦斯国家科学馆



★ 三大结业证书



二、德国柏林洪堡大学-金融科技教育证书

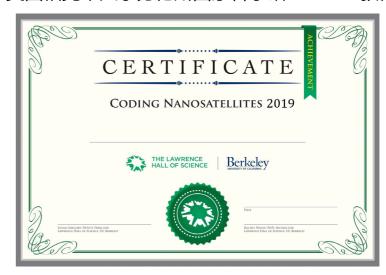
三、台湾 STEAM 基础教育联盟 - WGP 大赛证书

- ★ 美国柏克莱大学劳伦斯国家科学馆、德国洪堡大学、台湾 STEAM FEAT 合作课程
- ★ 分级 20 名学生一班,每班配有一名带班辅导老师,以及美国湾区当地顶尖高中生、 柏克莱大学学生、WGP 金融战略王大奖赛台湾区优胜高中生为每班辅导员
- ★ 每位参加学程计画的学员,将会配备一台 WALEX PASSPORT
- ★ 活动全英文环境, 让学生全程在专业环境运用英文
- ★ 课程概念: 人工智慧物联网与太空科技大未来 "奈米卫星网际网路" Scratch 程式设计
- ★ 金融战略王培养数位经济以及新金融世界的宏观思维, 竞赛前 4 名奖金: 5000 元美金、2500 元美金、1500 元美金、1000 元美金
- ★ 行前培训 英文能力训练、SCRATCH 基本程式设计、AI 科技概念
- ★ 免费行前训练课程,以及未来六年的追踪计画训练



全球唯一结合三大证书的培训学程计划

一、美国柏克莱大学劳伦斯国家科学馆 - STEM 教育证书



二、 德国柏林洪堡大学 - 金融科技教育证书



三、台湾 STEAM 基础教育联盟 - WGP 大赛证书



(全版证书请见附件)

WALEX PASSPORT

- 每位报名学员会配置一台平板 WALEX PASSPORT, 记录及追踪学习历程:
- 内建五大 APPs 帮助宏观学习:
 - (一) Give Me 5: 动态资产的配置与决策人机协作训练
 - (二) 1 Word 1 World: 训练字汇之间的关联
 - (三) WALEX Dimond Club: 五大资产横跨半世纪五大金融风暴, 宏观经典版 52 张主轴骨牌
 - (四) WALEX WORLD WEEKLY: 周报,介绍近期会引起全球经济的重大事件
 - (五) 题组:金融投资的决策训练

WALEX GRAND PRIX 金融战略王大奖赛

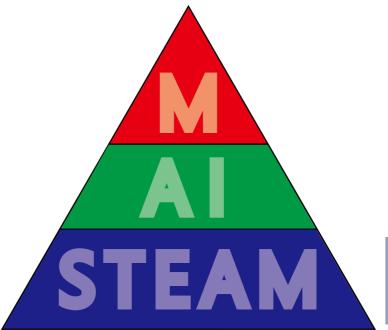
- (一) 符应 12 年国教推动,培养学生自主学习及团队互动的能力
- (二) 培养高中职学生的财务金融相关知能, 及展现金融素养
- (三) 因应国际化竞争,透过对金融事件的学习与理解,开展学生全球化视野
- (四)运用游戏及竞赛,寓教于乐,增进学生判断与决策的能力



WGP 活动官网: http://wgp-global.org WGP 脸书粉丝页: https://goo.gl/A2ny4g

台湾 STEAM 基础教育联盟 培养不被 AI 取代并与 AI 协作的人才

因应未来人工智能(AI)对产业、经济与社会带来巨大的冲击,培养不被人工智能取代的世代,搭配智能辅助的新科技,让每个人都能培养21世纪的人机互动新思维、新工作技能以及竞争力。培养学生跨领域学习、应用知识解决问题、创新发明,并且能够与AI协作的多元综合教育。



Macro 宏观

AI 与人工智能协作解决问题

STEAM

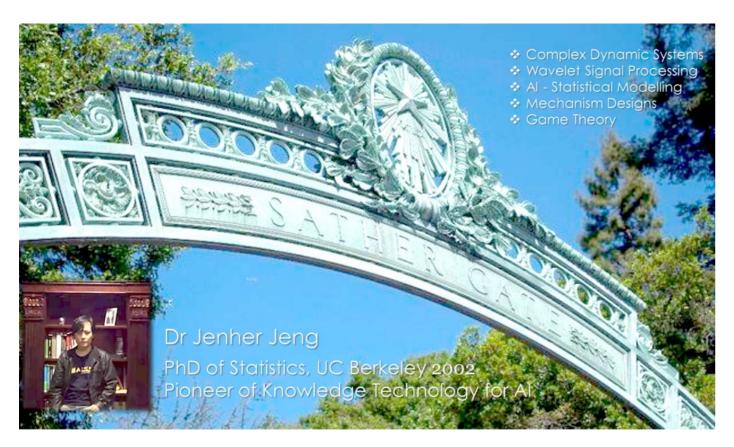
科学 (Science),技术 (Technology), 工程 (Engineering), 艺术 (Art), 数学 (Mathematics)



学程计划团队

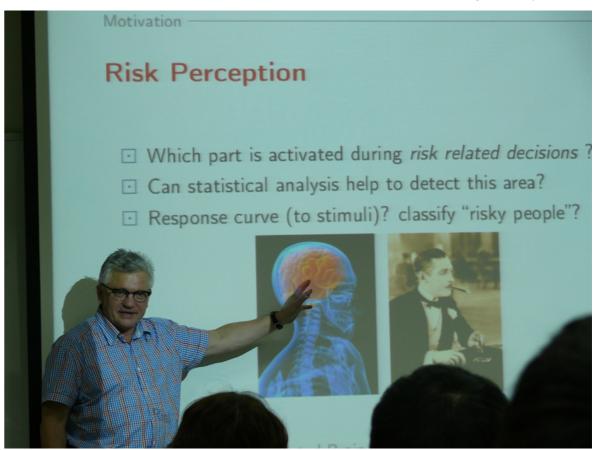
郑振和博士

- 柏克莱大学统计博士 人工智能专家
- 最新金融科技世界权威期刊 Journal of Digital Finance 产学合作顾问
- 国立交通大学财金所与建模所财务工程 兼任教授
- 金管会期货公会系统性风险控管顧问「国家风控机制研究与建构专案」共同主持人
- 科技部高瞻计划深入浅出之金融科技教育特优奖「金融战略王游戏」- 发明人
- 台湾师范大学 WGP 金融战略王大奖赛 共同发起人
- 香港科技园金融科技标竿计划「诺亚创纪拱门宏观智能投顾平台」- 专案负责人
- 柏克莱大学 / 劳伦斯国家科学馆 WALEX 金融战略王大赛与 STEAM 暑期营队共同执行人
- 柏林洪堡大学 / 布兰登堡国际学校「宏观金融教育专案」- 共同执行人
- 台湾 STEAM 基础教育联盟 共同发起人



Dr Wolfgang Karl Härdle

- Chief Advisor of Product Development
- Co-Director of Center of Complexity & Cybernetics
- Director of CASE, Humboldt University of Berlin
- World-renown Statistician
- World Top-ranked Econometrician
- Ladislaus von Bortkieviecz chair professor of statistics
- Director of the Sino German International Research Training Group IRTG1792



合作团队

- 国立台北科技大学
- 国立师范大学
- 美国柏克莱大学
- 德国洪堡大学
- CFM Educational Services



柏克莱两周集训课程与公开赛时程表

	Time	Morning	Lunch	Afternoon	After Class	Evening	
Date		9:00 - 12:00 am	12:00 - 1:00 pm	1:00 - 5:00 pm	5:00 - 6:30 pm	6:30 - 9:30 pm	
Sat	7/20	/20 Arrival at SFO, Check-in, Orientation, Campus Tour, Group Bonding Activities		ctivities			
Sun	7/21	Six Flags Discovery Kingdom					
Mon	7/22			Coding	American	Dinner;	
IVIOII	1122			Nanosatellites	Etiquette	Writing Home	
Tue	7/23			Coding	Big C Hiking	Dinner;	
Tue	1/23			Nanosatellites	Dig C Hiking	Advising	
Wed	7/24	Coding		Visits to LHS &	Water Jump Rope	Dinner;	
Wed	//24	Nanosatellites	Picnic Lunch	Research Labs	water Jump Rope	Advising	
Thu	7/25	Nanosatemees		Coding	Scavenger Hunt	Dinner;	
IIId	7723				Nanosatellites	Scavenger Hant	Advising
				Closing	Closing Presentation & Osborn the Dinosaur & 4.0 Hill	Dinner;	
Fri	7/26					Writing Home	
				Party			
Sat	7/27	San Francisco City Tour					
Sun	7/28		Computer Hi	story Museum; Grea	t Mall Shopping		
Mon	7/29				Workshop –	Dinner;	
				Recycling	Writing Home		
Tue	7/30				UC Berkeley	Dinner; Spelling	
	.,,	WALEX Grand Prix		WALEX	Main Library	Bee	
Wed	7/31		Picnic Lunch	Grand Prix	Frisbee & Water Balloon	Dinner; Movie	
					BAMPFA Art	Dinner;	
Thu	8/1				Museum	Writing Home	
Fri	8/2				Closing Ceremony	Dinner; Packing	
Sat	8/3	Mad	Science Explorate	ory Camp – Crazy Che	, ,		
Sun	8/4	Mad Science Exploratory Camp – Crazy Chemistry & The Organ Trail Six Flags Hurricane Harbor Water Park; Jelly Belly Factory Tour					
Mon	8/5	Check-out from Camping; Departure from SFO					

- 第一周课程 学习 Scratch 程式设计,并运用在奈米卫星网路。
- 第二周课程 WALEX GRAND PRIX 大赛: 结合逻辑与金融科技,学习跨领域的知识运用。





户外参访



美国柏克莱美术馆暨太...

Berkeley Art Museum and Pacific Film Archive (BAMPFA) 在柏克莱市中心的展出了20 多个艺术展览,450个电影节目,数十 个表演,以及讲座,座谈会和巡回演 出。



六旗探索王国游乐园

Six Flags是世界上最大的主题乐园连锁品牌,管理着18家主题乐园和水上乐园。



Jelly Belly Factory Tour

Jelly Belly Factory Tour上方1/4英里的 路程,可以鸟瞰整个操作,并近距离观 察糖果制造。沿着旅游线路欣赏互动展 览和游戏!



疯狂科学探索营

Mad Science Exploratory Camp 1,The Organ Trail 2.Crazy Chemistry



艺术宫

Palace of Fine Arts 位于美国加州旧金 山海港区,是一座建于1915年的纪念性 建筑物,最初是为了在巴拿马太平洋万 国博览会中展示艺术作品而建造的。这 是博览会少数仅存且唯一保留于原址的 建筑物。



计算器历史博物馆

computer history museum 是以计算器 为主题的博物馆,位在美国加州山景城,于1996年建立。它是为了保存和展示信息时代的故事和产品,以及探索计算器的革命和它对人们生活的影响。在1996/1997年,在硅谷建立了计算器历史中心博物馆。在2000年,计算器历史中心博物馆的名字被改为「计算器历史博物馆」。



旧金山金门大桥

Golden Gate Bridge是美国旧金山的地标。它跨越联接旧金山湾和太平洋的金门海峡,南端连接旧金山的北端,北端接通加州的马林县。金门大桥的桥墩跨距长1280.2米,建成时曾是世界上跨距最大的悬索桥,宽度27.5米,双向共6条行车线,桥身呈褐红色,金门大桥拥有世界第四高的桥塔,高达227.4米,全桥总长度是2737.4米。



渔人码头(39号)

Fisherman's Wharf & Pier 39 是一个位于美国旧金山渔人码头的旅游景点和购物中心。有商店、餐馆、影音店、街头表演,也有海洋哺乳类动物中心和海湾水族馆。这个码头邻近唐人街和内河码头,并可以经由F市场及码头线街车到达。可以远眺天使岛、阿尔卡特拉斯岛、金门大桥和旧金山-奥克兰海湾大桥

报名须知及注意事项

一、如何报名:

团体或个人报名:即日起请至主办单位咨询报名。

通讯报名:请填妥报名表后,以传真(02-2751-7027)的方式至主办单位报名。

网路报名:线上填妥报名表后回传,我们的咨询顾问会尽快为你处理。

1. 请填妥报名表,依指定缴款方式至主办单位报名处报名,并缴交学费。

2. 护照影印本 (须持有以出发日算起六个月以上的有效期护照,不足者需重新办理)。

3. 收到您的报名表并向学校确认后,主办单位将会寄出确认书与缴交报名注册费及证件通知书,并请您在开课 40 天前完成办理报名注册及缴交证件的手续。

二、缴款方式:

缴交学费时,请依下列方式办理:

1. 现金支付:亲自至主办单位或协办单位报名缴交。

2. 汇款:请依缴款通知书上指定之银行户名及帐号径行前往汇款。

3. 即期支票:支票请填上"禁止背书转让",并填写指定抬头以挂号方式邮寄承办人员。

汇款帐号 户名:台湾 STEAM 基础教育联盟

银行电汇帐号: 163-40-020848

银行:第一银行 / 复兴分行(分行代码 007)

三、学员说明会:

出发前将举行学员行前说明会,同时分发学生资料袋,内含:学生紧急联络卡片、学员手册、旅游手册、旅游行程表、班机时刻表、海外游学契约书......等详细资料。

四、健康声明:

学员健康若异常,为了维护您的安全,必须在报名表格上注明所患的疾病或其他健康事故,含(精神状况有问题者)。报名时,并请一并缴交英文版医生诊断病历证明和医生许可证明,学生报到后如果被发现与此不符,可能会遭学校遣回。

五、取消入学资格报名注册费恕不退还

任何的取消及退费申请,必须向主办单位提出书面申请书,在任何情况下报名注册费恕无法退费。

六、学费包括:

- 1. 来回经济舱机票(行李 20 公斤,但件数及限重依各航空公司及地区别之规定,超出件数及超重 者请自行付费)。
- 2. 机场税及机场燃料税。 (有另外于行程注明者,不在此限)
- 3. 依教育部国际文教处规定投保海外游学业履约保证险 1,000 万元,旅游部分则依观光局管理规则 第 53 条规定,投保旅行业履约保证险 4,100 万元,本公司再提高每位学员保障,加保旅游责任 险新台币 500 万元外加意外医疗险 20 万元 (15 岁以下学员依保险法令规定最高投保金额为 200 万元),更提供海外急难救助险。家长或学员可依个人所需自行加保旅游平安保险或其他保 险,相关条例请参考保险法相关规定。
- 4. 营队期间课程学费。 ※以学校实际时数为主及参考课程相关范例。
- 5. 三张结业证书。 (请参考课程相关范例)
- 6. 全天、半天及部份校区晚上的文化教育活动。
- 7. 随团领队老师全程陪伴,提供学员必要的协助服务。
- 8. 学校宿舍住宿费用及每日三餐餐食费用。
- 9. 假日户外活动含门票、交通费用、风味餐。

七、学费不包括:

- 1. 护照工本费: NT\$ 1,500 元整。
- 2. B-1/B-2 签证费。
- 3. 住家(含北、中、南部)至桃园国际机场的来回交通费。
- 4. 纯属个人之消费:如电话费、行李超重费、旅游期间个人购物费用等。
- 5. 未列入行程之机票及有关费用。

台湾 STEAM 基础教育联盟 (STEAM FEAT)

TEL:886-2-2751-7169

FAX:886-2-2751-7027

台北市中山区复兴南路一段 36-9号6楼

service@steamfeat.org











WALEX Talent Development Program 2019 Student Profile & Agreement

Please have the following documents ready to upload in order to complete this form:

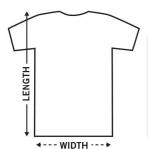
- 1. Photo for ID Card (at lease 800x800 pixels)
- 2. Copy of Passport
- 3. Signed Medical Treatment Authorization Form **Download It Here**
- 4. Signed Lawrence Hall of Science Participant's Form **Download It Here**

Part I: Student Information

Session *	Session I: 6/29 - 7/15	Session II: 7/20 - 8	3/5
Full Name *	名(学员) First/Given Name	姓(学员) Last/Family Name	
Other Names *	其他英文名字 Preferred English Name	其他中文名字 Chinese Name	
Gender *	Male	Female	
Birth Date *	May ▼ 5 ▼ 200 Month Day Year	05 ▼	
Passport Number	护照号码		
Current Grade *	7	•	
Name of Current School *	学校名称		
Photo for ID card *	選擇檔案 未選擇任何檔案 At lease 800x800 pixels; maximum	n file size: 10MB; Allowed file types	s: JPG, JPEG, GIF, BMP, PNG
	2 inch 2 inch 11/8 inch to 13/8 inch	1 inch to 1 3/8 inch	

Permanent Address *	街名		
	Street Address)
	城市	州/省	
	City	State / Province	
)
	邮递区号 Postal / Zip Code	Taiwan ▼	J
	Postal / Zip Code	Country	
Mother/Guardian's Name *	名(母/监护人)	姓(母/监护人)	
	First/Given Name	Last/Family Name	
Cell Number *		Cluster	
Cell Number *		F机号码 ell Number	J
	- Country Code Co	eli Numbei	_
E-mail *	email@email.com		
Father/Guardian's Name *	名(父/监护人)	姓(父/监护人)	
	First/Given Name	Last/Family Name	
Cell Number *	= = =	Clast ra	
Cell Number *		F机号码 ell Number	
	- Country Code Co	en reamber	
E-mail *	email@email.com		
Emergency Contact *	名(紧急联络人)	姓(紧急联络人)	
	First/Given Name	Last/Family Name	
Cell Number *	= = =	54n 中 <i>元</i>	
Convaniber		F机号码 ell Number	
Relationship to Student *	与学生关系		
au Dawe Awar are and Daw			
or Dorm Arrangement Pur	pose:		
Check all that apply *	Clean	Messy	
Check all triat apply	Quiet	Loud	
	Light Sleeper	Heavy Sleeper	
	Early Riser	Night Owl	
	Snore	INIght OW	

What T-Shirt (complimentary) size would you prefer?



Size	Youth Size	Width	Length
XS	2-4	15.5	20.5
S	6-8	17	22
М	10-12	18	23.5
L,	14-16	19	25
XL	18-20	20	26.5
			(inches)

T-shirt size	1
XS	
S	
M	
XL	

Part II: Uploading Documents

I. Passport

• Please upload a copy of passport (valid for at least 6 months), and name the file as "LAST NAME, First Name_passport" (e.g., "WANG, Da-Ming_passport.pdf")



II. Health Information

• Please upload the **signed** Medical Treatment Authorization Form and name the file as "LAST NAME, First Name medical" (e.g., "WANG, Da-Ming medical.pdf")



III. Lawrence Hall of Science Participant's Form

• Please upload the completed participant's form and name the file as "LAST NAME, First Name_waiver" (e.g., "WANG, Da-Ming_waiver.pdf")



Part III: Agreement & Release

TERM-I: STUDENT CONDUCT AGREEMENT

★ CLICK HERE to View Student Conduct Agreement

I have read and understood all the information and policies included in the Student Conduct Agreement. I agree to abide by all the policies and understand that failure to do so will result in consequences and possible dismissal from the program without any refunds.



TERM-II: PROGRAM ACTIVITIES

I consent my child to participate in all the program activities, acknowledging that there are both benefits and possible risks associated with program activities. Therefore, I release CFM from any liability of injury, sickness, or damages caused by my child's negligence or the possible risks associated in activities and agree to indemnify, defend and hold harmless CFM and its officers and employees against and from all claims, actions and suits.



TERM-III: PHOTOS, VIDEOS AND COURSEWORK

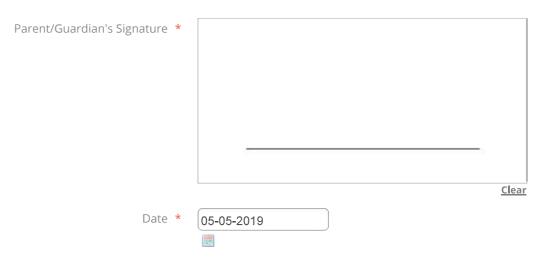
Photographs and videos of WALEX students and copies of their coursework are displayed in the WALEX catalog and newsletters, on the WALEX and CFM website, and in other UC publications. It may also be used for future program marketing and promotional materials only.

- Photos and videos include candid photos of class activities, group photos of the entire class, and video footage taken during the program. Individuals will not be identified by name. I agree that CFM may include my child in class photos and videos.
- Coursework includes writing, artwork, or other projects completed during WALEX. Published coursework may include the student's name. I agree that CFM may share my child's work from the program.
- I agree that CFM may include my child's pictures taken during the course of the program for future marketing materials.

Term-III *	Accept and Agree	
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By signing below, I hereby acknowledge that I am the parent/guardian of the student and as the parent/guardian of the student, I have completed the above permissions/release and given the above permissions to WALEX Talent Development Program and CFM.

* Signature below is considered official and legal.



^{*} Before submission, print a copy for your records.

Participant's Name:	
-	Please Print
UNIVERSITY OF CALIFORNIA, BERKELEY	

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

LAWRENCE HALL OF SCIENCE

Waiver: In consideration of being permitted to programs at the Lawrence Hall of Science, here heirs, personal representatives or assigns, do he not to sue The Regents of the University of Cal the Berkeley Unified School District, its officers and all claims including the negligence of The officers, employees and agents, resulting in pedeath), and property loss arising from, but not li	cinafter called "The Activity," I, for myself, no creby release, waive, discharge, and covenable fornia, its officers, employees, and agents, as s, employees, and agents from liability from the Regents of the University of California, its ersonal injury, accidents or illnesses (including	my ant and and any its
Signature of Parent/Guardian of Minor Date	Signature of Participant Da	ate
Assumption of Risks: Participation in The Acticannot be eliminated regardless of the care taken one activity to another, but the risks range from sprains 2) major injuries such as eye injury or loand concussions 3) catastrophic injuries including	n to avoid injuries. The specific risks vary from 1) minor injuries such as scratches, bruises, oss of sight, joint or back injuries, heart attack	om and
I have read the previous paragraphs and I kn and other risks that are inherent in The Activ voluntary and that I knowingly assume all su	vity. I hereby assert that my participation	is
Indemnification and Hold Harmless: I also ag Regents of the University of California HARMI procedures, costs, expenses, damages and liabili of my involvement in The Activity and to reimb	LESS from any and all claims, actions, suits, ities, including attorney's fees brought as a re	
Severability: The undersigned further expressly of risks agreement is intended to be as broad and of California and that if any portion thereof is he notwithstanding, continue in full legal force and	d inclusive as is permitted by the law of the seld invalid, it is agreed that the balance shall	Ŝtat
Acknowledgment of Understanding: I have reand indemnity agreement, fully understand its tesubstantial rights, including my right to sue. I acfreely and voluntarily, and intend by my signatuall liability to the greatest extent allowed by law	erms, and understand that I am giving up cknowledge that I am signing the agreement are to be a complete and unconditional releas	
Signature of Parent/Guardian of Minor Date Participant's Age (if minor)	Signature of Participant Da	ate
Standard Retention -3 years after the last date of the activity		

Standard Retention -3 years after the last date of the activity

Retention for Minors - 3 years after the last date of the activity or until minor's 20th birthday (whichever is longer)

PHOTOGRAPHIC, MOTION PICTURE, VIDEO, AND SOUND RECORDING RELEASE AND ASSIGNMENT

I,, hereby authorize THE REGENTS OF THE UNIVERSITY OF CALIFORNIA (the "University") and its officers, agents, employees, and contractors to photograph, film, videotape, or record me and use my name, voice and/or likeness in such photograph, film, video, or other recording.
I understand that any photograph, sound recording, motion picture, video, or other recording taken of me under this agreement ("Material") can be used for any purpose, including serving the University of California's mission of research, education, and public service, and for promoting the public good.
I hereby assign to the University all rights, title, and interest – including copyright and rights of publicity – that I may have in and to any and all such Material. I hereby irrevocably authorize the University, its officers, agents, employees, and contractors without limitation, to adapt, modify, reproduce, copy, sell, exploit, exhibit, publish, publicly perform, transmit, license, sublicense, distribute, or otherwise use any and all such Material in perpetuity. I understand and agree that I will not receive payment for any use of the Material by University.
I further release, forever discharge and agree to hold harmless the University, its officers, agents, employees and contractors from any and all claims and demands – including but not limited to claims for violation of rights of publicity, invasion of privacy, libel, defamation, copyright infringement – arising out of or in connection with the use of said Material.
I warrant that I am of full age and have the right to contract in my own name. This agreement will be binding upon me, my heirs, legal representatives, and assigns.
I have read and understood the provisions of this agreement, and understand that I am free to obtain advice from legal counsel of my choice, at my expense, to interpret these provisions. By signing below, I acknowledge that I have freely and voluntarily entered into this agreement.
SIGNATURE: DATE:
PRINT NAME:
ADDRESS:
I hereby certify that I am over 18 years of age: Initials
<u>For subjects under 18 years of age:</u> I hereby certify that I am the parent or guardian of the person named above, and I do hereby give my consent without reservation to the foregoing on behalf of him or her.
SIGNATURE OF PARENT OR GUARDIAN: DATE:
PRINT NAME:
I have read and received a copy of this release: Minor's Initials

ORIGINAL TO BE RETAINED BY DEPARTMENT

Medical Treatment Authorization Form

This form grants temporary authority to a designated adult during WALEX Talent Development Program to provide and arrange medical care for a minor in the event of an emergency where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be given to the program staff or residential counselor who is the designated adult to chaperone the minor with this authorization to seek medical care.

Minor
First Name: Last Name:
Date of Birth:(mm/dd/yyyy) Gender:Male Female
Information for Medical Treatment (if any)
Physician's Name: Physician's Phone Number:
Location of Practice:
Medical Insurer/Health Plan: Policy #:
Allergies to Medications:
Please provide detailed information regarding any medication student takes (type and purpose of medication, frequency)
Note any other significant medical information:
Note any other significant medical mornation.
Please provide all information regarding any student illnesses and conditions (including physical, mental, emotional) we should be aware of:
Please provide any specific allergy information, e.g., peanuts:
Note any dietary restrictions , e.g., vegetarian, vegan, no dairy etc.:
Due to the varying physical responses each child has to American OTC (over the counter) medication, we urge parents to prepare assorted medications with labeling/descriptions for students to bring to the USA. If parents do not agree to provide personal medication, students will
advised to seek health care on their own during the program and an estimated doctor's visit is normally US\$100 or more excluding prescription
The Program will only provide first aid kits for minor injuries.
AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)
I do hereby state that I have legal custody of the aforementioned Minor. Should it be necessary for my child to have medical care while participating in this Program, I give my authorization and consent to the Program and CFM to use their judgment in obtaining medical care or emergency care through a physician for the child. I understand that the supplementary traveler's insurance the Program helps facilitate for my child requires a post-care claiming process; the Program and CFM are not responsible and have no obligation and authority for the claiming process. I agree to assume financial responsibility for all expenses of and at the scene of such care.
This authorization is effective from Session I: June 29, 2019 through July 15, 2019; Session II: July 20, 2019 through August 5, 2019.
Signed this (Date) day of (Month), 2019.
Father/Legal Guardian's Printed Name: Signature:
Mother/Legal Guardian's Printed Name: Signature:



CODING NANOSATELLITES



THE LAWRENCE HALL OF SCIENCE





