

AGREEMENT FOR SERVICES

THIS AGREEMENT is made by and between THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, a California corporation (hereinafter referred to as "UNIVERSITY"), acting for and on behalf of Upward Bound Classic Program (hereinafter referred to as "Advisor") of its Riverside campus (hereinafter referred to as "UCR"), and Perris Union High School District (hereinafter referred to as "DISTRICT").

RECITALS

WHEREAS, the Advisor has been established and is maintained to support the University's pursuit of its constitutional objectives of instruction, research, and public service; and

WHEREAS, the University has been awarded the " Upward Bound Classic Program Grant for 2022-2027" (hereinafter referred to as "Program") by the United States Department of Education that has as its objective to assist the District's participants in graduation from high school and pursue a higher education; and

WHEREAS, University deems that the Program services provided to the District as described in this Agreement are consistent with and will further the University's objectives; and WHEREAS, District has determined that the Program services will enhance services already provided at designated schools; and

WHEREAS, District agrees and understands that Exhibit A through Fare attached hereto and made a part of the Agreement for Services;

NOW, THEREFORE, University agrees to furnish to District, Program services subject to the following terms and conditions. District and University agree that no other terms and conditions, including those of any purchase order issued by District, shall apply unless explicitly incorporated herein.

DEFINITION OF SERVICE

Services of the Advisor will be furnished to the students selected to participate in Upward Bound Classic from Perris Union High School District (2022-2027) only for the purposes stated in Exhibit A which is attached hereto. Additional services shall be performed only if authorized in advance by written amendment to this Agreement executed by both parties.

TERMS AND CONDITIONS

1. **PRIORITY OF UNIVERSITY WORK.** UNIVERSITY work always has priority over work to be performed for non-University organizations.

2. TERM. The term of this Agreement shall be from September 22, 2022 to September 21, 2027.
3. TERMINATION. This Agreement shall be subject to termination by either party at any time, upon 30 days' written notice to the other party.
4. RATES. Charges for services rendered shall be at the rate of: **There shall be no charges for services rendered under this Agreement.**
5. DISCLAIMER OF WARRANTY. UNIVERSITY MAKES NO WARRANTY AS TO RESULTS TO BE OBTAINED BY THE DISTRICT FROM THE USE OF ANY SERVICES AND/OR FACILITIES PROVIDED BY UNIVERSITY UNDER THIS AGREEMENT, AND THERE ARE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.
6. NON-LIABILITY OF UNIVERSITY.
 - A. UNIVERSITY shall incur no liability to DISTRICT or to any third party for any loss, cost, claim, or damage, either direct or consequential, arising from UNIVERSITY'S delay in performance or failure to perform services pursuant to this Agreement.
 - B. UNIVERSITY shall incur no liability to DISTRICT for loss or destruction of or damage to any data, equipment, or other property brought upon UNIVERSITY premises by DISTRICT or delivered to UNIVERSITY by DISTRICT in connection with this Agreement, except in the event that such loss, destruction, or damage is caused by the negligent acts or omissions of UNIVERSITY, its officers, agents, or employees acting within the course and scope of their employment.
7. INDEMNIFICATION.
 - A. DISTRICT shall defend, indemnify and hold UNIVERSITY, its officers, agents, and employees harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of DISTRICT, its officers, agents, or employees.
 - B. UNIVERSITY shall defend, indemnify and hold DISTRICT its officers, agents, and employees harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of UNIVERSITY, its officers, agents, or employees.
8. INSURANCE –
 - A. District, at its sole cost and expense, shall insure its activities in connection with

this Agreement by maintaining programs of self-insurance as follows:

1. General Liability Insurance (contractual liability included) with a limit of \$1,000,000 per occurrence and \$2,000,000 aggregate.
If the above insurance is written on a claims-made form, it shall continue for three years following termination of this Agreement. The insurance shall have a retroactive date of placement prior to or coinciding with the effective date of this Agreement.
2. Business Automobile Liability for Owned, Scheduled, Non-Owned or Hired Automobiles with a combined single limit of not less than \$1,000,000 per occurrence.
3. Worker's Compensation as required under California State Law.

It should be expressly understood, however, that the coverages required under this paragraph 1i shall not in any way limit the liability of District.

The coverages referred to under A(1) and A(2) of this paragraph 8 shall be endorsed to include University as an Additional Insured. Such a provision, however, shall only apply in proportion to and to the extent of the negligent acts or omissions of District its officers, agents, or employees. District, upon the execution of this Agreement, shall furnish University with Certificates of Insurance evidencing compliance with all requirements. Certificates shall further provide for thirty (30) days advance written notice to University of any modification, change, or cancellation of any of the above insurance coverages.

- B. University, at its sole cost and expense, shall insure its activities in connection with this Agreement by maintaining programs of self-insurance as follows:
 1. General Liability Self-Insurance Program with a limit of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate.
 2. Business Automobile Liability Self-Insurance Program for Owned, Scheduled, Non-Owned or Hired Automobiles with a combined single limit of not less than \$1,000,000 per occurrence.
 3. Worker's Compensation as required under California State Law.

It should be expressly understood, however, that the coverages required under this paragraph 8 shall not in any way limit the liability of University.

The coverages referred to under B(1) and B(2) of this Paragraph 8, shall be endorsed to include District as an Additional Insured. Such a provision, however, shall only apply in proportion to and to the extent of the negligent acts or omissions of University, its officers, agents, or

employees. University, upon the execution of this Agreement, shall furnish District with Certificates of Insurance evidencing compliance with all requirements. Certificates shall further provide for thirty (30) days advance written notice to District any modification, change, or cancellation of any of the above insurance coverages.

9. CONFIDENTIALITY OF INFORMATION. UNIVERSITY shall use reasonable efforts, consistent with its established policies and procedures, to protect the confidentiality of any information furnished to it by DISTRICT in connection with this Agreement and designated by DISTRICT, in writing, as confidential. DISTRICT understands and agrees, however, that UNIVERSITY shall have no obligation to comply with any such request of DISTRICT. DISTRICT agrees to reimburse UNIVERSITY in full for any costs it may incur in order to protect information, in accordance with DISTRICT'S request, by means not normally employed by UNIVERSITY for that purpose.

FINGERPRINTING: This contract is subject to the provisions of Education Code Section 45125.1. University's employees are required to submit fingerprints to the Department of Justice where an employee may come into contact with students at any site. The Department of Justice will ascertain whether the employee has a pending criminal proceeding for a violent or serious felony or has been convicted of a violent or serious felony as they are defined in Penal Code Sections 667.5c and 1192.7c respectively. University shall not permit an employee to come in contact with students until the Department of Justice has ascertained that the employee has not been convicted of a felony as defined in Education Code Section 45122.1. University shall certify in writing to the District that none of its employees who may come in contact with students have been convicted of a felony as defined in Education Code Section 45122.2. District may request the removal of an employee from a site at any time. Failure to comply with this provision may result in termination of the Contract.

10. UNIVERSITY'S RIGHT TO USE DATA. UNIVERSITY may have the right, with the prior written approval of user, to use for its own purposes, including publication, any data or information which it may develop in connection with or as a result of performing the services described herein.
11. USE OF UNIVERSITY'S NAME. DISTRICT may not use the name of the UNIVERSITY in any form or manner of business promotion, written advertisement, reports, or other information released to the public without the prior written approval of UNIVERSITY.
12. RELATIONSHIP OF THE PARTIES. The parties to this Agreement shall be and remain at all times Independent Contractors, neither being the employee, agent, representative, or sponsor of the other in their relationship under this Agreement.
13. AFFIRMATIVE ACTION. UNIVERSITY warrants that it is an affirmative action employer in compliance with Executive Orders 11246 and 11375.
14. WHOLE AGREEMENT. This Agreement states the entire contract between the parties in respect to the subject matter of this Agreement. This Agreement supersedes any written or oral agreements, negotiations, discussions, or promises. This Agreement cannot be modified except

by a written instrument executed by both parties.

- 15. NOTICE. Any notice required hereunder shall be in writing and shall be addressed as follows:

UNIVERSITY: University of California, Riverside
Attn: Albaro Martin
900 University Avenue
Riverside, CA 92521

With A Copy to: University of California, Riverside
Attn: Business Contracts
Business & Financial Services
Riverside, CA 92521

DISTRICT: Perris Union High School District
Attn: Sylvia Hinojosa
155 E 4th Street
Perris, CA 92570

- 16. ASSIGNMENT. This Agreement is not assignable and any attempt by DISTRICT to assign any of its interests herein shall immediately terminate this Agreement.
- 17. APPLICABLE LAW. This Agreement shall be governed by the laws of the State of California.
- 18. WARRANTY OF AUTHORITY. The person whose signature appears below warrants that he/she is duly authorized to execute this Agreement on behalf of DISTRICT.

The conditions in this Agreement are hereby accepted.

DISTRICT:
PERRIS UNION HIGH
SCHOOL DISTRICT

UNIVERSITY:
THE REGENTS OF THE UNIVERSITY
CALIFORNIA

By _____
Signature

Print Name

Title

Date

By _____
Signature
Joe Andreu

Print Name
Chief Procurement Officer

Title

Date

EXHIBIT A
OFFICE OF TRIO PROGRAMS
UPWARD BOUND CLASSIC PROGRAM
SERVICE AGREEMENT

The Upward Bound Classic Program (UBC) at the University of California, Riverside is a federally funded program that has as its objective to assist its participants graduate from high school and pursue a higher education. All UBC program services are motivational and supplementary and should enhance services already provided at the particular school. Described herein is a Service Agreement between **Perris Union High School District** (PUHSD) and the Upward Bound Classic Program (UBC) at the University of California, Riverside (UCR). School site administrators (contact persons), program administrators, and paraprofessional staff (UBC Mentors) will jointly plan the implementation of the following services. Services will be provided for five years (2022-2027) at Perris High School.

1. UBC Professional Staff Members will meet with program participants in one-on-one and group sessions to provide academic advising and to monitor academic performance. The sessions will be motivational and informational in nature. The advisement will also focus on such topics as college/university entrance requirements, career awareness, financing a post-secondary education, etc. The Professional Staff Member will also keep the UBC school contact aware of student progress.
2. UBC Mentors will provide tutoring services after school to UBC high school participants.
3. Working closely with the student and their school counselor, UBC Professional Staff will assist in preparing and/or modifying a college prep plan for participants of the program.
4. Workshops for high school participants and their parents may be offered in cooperation with Perris High School at the school site and/or UCR focusing on such topics as college admission requirements, SAT preparation, financial aid, etc.
5. In order for a student to participate in UBC, they must meet the qualifications as set forth by the federal government, and grant specifications as stated on the Student Agreement and Parent Authorization (Exhibits **B & C**). This includes: Two-thirds of participants must be both low income (as set by Federal Guidelines) and first-generation college students. One-third of participants only require a demonstrated need for services. Final approval for participation will be determined by UBC Professional Staff members.

In order to facilitate the services that UBC will provide selected students at **Perris High School**, PUHSD agrees to provide the following:

1. Access to students enrolled in the program to provide program services.
2. Adequate space (classroom, library, or other) at school sites for advising, after-school tutoring, and other meetings.
3. Access to a telephone, copier, and fax machine.
4. A list of potential students for recruitment purposes.
5. Access to student records to include but not limited to: class schedules, transcripts, and state examination scores.
6. Viewing access to Student Information System.
7. A Google Classroom for UBC
8. School Administration will provide full support to UBC by designating a staff member to serve as a contact and assist in the facilitation of the above listed items.
9. Provide data to be included in grant proposal and for reporting purposes every year of the grant, as necessary.

As partners in this agreement, we have read the above described UBC Guidelines for Participation, and do hereby understand that by adhering to them, selected students will receive the aforementioned UBC services.

APPLICATION DEADLINE:



The TRIO Pre-College programs at the University of California, Riverside impart knowledge, motivate, and equip potential college-bound students who are low-income and/or first-generation, to successfully enroll in and graduate from a postsecondary institution.

Name: _____

Grade: _____

School: Moreno Valley H.S. Perris H.S. Rubidoux H.S.

APPLICATION CHECKLIST

- Complete Upward Bound Application
- Personal Essay
- Transcript & Current Class Schedule
- Recommendation Form
 - Email of recommender: _____

Phone: (951) 827-3508 Fax: 951.827.4762 · TRIO@UCR.EDU

2100B Student Services Building, Riverside, CA 92521

Grant Cycle 2022-2027

A. PERSONAL INFORMATION

Personal Information:

1. Name _____
(First) (Middle) (Last) (Nickname)

2. Mailing Address _____
(Street or PO box) (City) (State) (Zip)

3. Social Security Number ____ - ____ - ____ 4. Date of Birth ____ / ____ / ____

5. U.S. Citizen: Yes No Permanent Resident: Yes No

Contact Information:

6. Home # (____) _____ Parent Cell # (____) _____ Student Cell # (____) _____

7. Student Email: _____ Parent Email: _____

9. School Currently Attending _____ Student ID # _____ Grade _____

10. **A. Student's Ethnicity:** Do you identify yourself as Hispanic/Latino? Yes No

10. B. MUST select one or more race you identify yourself with:	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American White
<input type="checkbox"/> Asian: _____	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Black or African	

11. Gender:

Male
 Female

12. I currently live with (please check one):

Both Parents
 One Parent ____ Mother ____ Father
 In a foster home
 Other (specify) _____

13. Do you have a disability? Yes No If yes, please explain _____

B. PERSONAL INFORMATION

14. Parent #1 / Guardian #1: _____

Presently Employed? Yes No
 Highest year in school / college completed _____
 Highest degree earned (mark one): None HS Diploma AA BS/BA MA/MS Ph D

15. Parent #2 / Guardian #2: _____

Presently Employed? Yes No
 Highest year in school / college completed _____
 Highest degree earned (mark one): None HS Diploma AA BS/BA MA/MS Ph D

16. What is the primary language spoken by your parent(s)/guardian(s)? _____

17. Do you currently have a job? Yes No
 If yes, how many hours do you work in an average week? _____ at what times? _____

18. What extra-curricular activities do you participate in (sports, clubs, outreach programs, etc.)

When do they meet? _____

C. ECONOMIC BACKGROUND

FINANCIAL INFORMATION: The Federal Law mandates that 2/3 of all Upward Bound Participants must be low-income and first-generation college bound. Upward Bound uses Taxable Income to determine financial eligibility.

What is your Family Unit Size? _____

Do you file a Federal Income tax return? YES NO

If YES, complete the following section based on your most recent Tax Return

What was your TAXABLE INCOME: _____	Taxable Income can be found on your federal tax form: 1040— Line 15
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If the applicant's parents/guardians DO NOT file an annual tax form, please complete the section below:

FOR FAMILIES THAT DO NOT FILE ANNUAL TAX FORMS

1. **INCOME FROM WORK:** What was the parent's monthly income from work? \$ _____

2. **OTHER INCOME:** If the applicant's family receives other forms of income or assistance, please provide the monthly amount for each type of aid:

a. Social Security, Disability, Survivors Benefits	\$ _____
b. Aid to Families with Dependent Children (AFDC) or General Relief	\$ _____
c. Unemployment Benefits	\$ _____
d. Other, please specify:	\$ _____

3. **TOTAL MONTHLY INCOME:** \$ _____

4. **ANNUAL HOUSEHOLD INCOME:** Total monthly income * 12 \$ _____

I, _____, attest that the above information is true.
(Print Parent/Guardian Name)

Parent/Guardian Signature: _____ **Date:** _____

THREE SIGNATURES REQUIRED

If selected as a participant of the Upward Bound Program at UC Riverside, I agree to participate in all aspects of the program, including tutoring, Saturday sessions, the summer program, and field trips. Furthermore, I agree to conduct myself in a manner that will bring dignity to myself, my family, my school, my community, and Upward Bound.
If selected as a participant of the Upward Bound Program at UC Riverside, I agree to participate in all aspects of the program, including tutoring, Saturday sessions, the summer program, and field trips. Furthermore, I agree to conduct myself in a manner that will bring dignity to myself, my family, my school, my community, and Upward Bound.

Student Signature

Student Name PRINTED

Date

I certify that the enclosed information is true and complete to the best of my knowledge. I hereby grant permission to the personnel at my child's school to provide copies of transcripts, test scores, and related student information to Upward Bound staff. If my child is admitted to Upward Bound, I agree to participate in all meetings, orientations, or workshops organized by the program. I also agree to support my child in his/her academic endeavors and make my child's education a family responsibility and priority.

Parent/Guardian Signature

Parent/Guardian Name PRINTED

Date

I certify that the enclosed information is true and complete to the best of my knowledge. I recommend that the student participate in Upward Bound and will provide copies of transcripts, test scores, and related student information to Upward Bound staff. I agree to participate in all meetings, orientations, or workshops organized by the program, if requested to do so. I also agree to support the student in his/her academic endeavors and make their education our responsibility and priority.

Counselor Signature

Counselor Name PRINTED

Date

Personal Essay:
On a separate sheet of paper please answer the following questions.

- Paragraph 1)** Introduce yourself. Include information about your birthplace, interest, hobbies, extracurricular activities (clubs, jobs, etc.) and your relationship with your family.
- Paragraph 2)** Describe your school and community. What do you like best about both?
- Paragraph 3)** Why do you want to go to college? Do you know what you want to study? Did anyone or any particular experience motivate you to pursue college? Do you have any family member or close relative who has attended college?
- Paragraph 4)** Consider your current academic performance, including your GPA and test scores. Are you satisfied with your performance so far? If not, what factors have contributed to your performance (no place to study, work after school, excessive procrastination, etc.). Which subject is the hardest for you to learn? What types of services could help you improve your performance (i.e. tutoring, study skills workshops, etc.)
- Paragraph 5)** Explain why you want to participate in the Upward Bound program. What do you expect to gain from your participation? What are your long-term educational and professional goals? Also include some of your future plans; travel, improving your community, volunteering, etc.

EXHIBIT B

Student Agreement

As a participant of the Upward Bound Classic Program at the University of California, Riverside, I agree to the following terms, which are in compliance with the Upward Bound program objectives

Please initial each statement in agreement:

- _____ I commit myself to complete Upward Bound by being in the program until the end of the summer following my high school graduation.
- _____ I commit myself to do my very best in school and in the Summer Program classes.
- _____ I commit myself to obey all the rules and regulations of the Upward Bound Program.
- _____ I commit myself to attend all Upward Bound activities – advising meetings, Saturday Sessions, Study Hall/afterschool sessions, cultural and educational activities, etc. – throughout the academic year.
- _____ I commit to attending two Summer Programs during my participation with Upward Bound.
- _____ I commit myself to take college preparation classes (a-g courses) each year in high school.
- _____ I commit to earning a minimum 2.5 GPA each semester in high school.
- _____ I understand that if my grades fall below a 2.5 GPA I will be placed on a Grade Improvement Action Plan to improve my grades the following semester or be subject to being dropped from the program.
- _____ I commit myself to graduate from high school and attend a four-year/two-year college/university.
- _____ I commit to apply for federal or state student aid. This includes submitting the Free Application for Federal Student Aid (FAFSA) and Cal Grant Application on or before March 2nd of the 12th grade.
- _____ I will consider taking the PSAT Exam in the fall of 10th grade and SAT Reasoning or ACT college entrance exam by the end of junior year in high school.
- _____ I commit myself to be respectful and inclusive with others in the program.
- _____ I commit to following the advice of the Upward Bound staff.

I acknowledge that I have read this Student Agreement and the requirements listed above. I understand that I may not be allowed to participate in the specific activities and/or field trips if I do not maintain the mentioned academic progress and/or actively participate in program activities. I understand that to increase my chances of going to college/university, I must participate in as many Upward Bound activities as possible.

Student’s Name: _____

Student’s Signature: _____

Date: _____

Grade Level: _____

School Name: _____

EXHIBIT C

Parent Agreement

I understand that in order for my child to be a successful student, it is important for me to have an active role in their social and academic development. I also understand that the Upward Bound Classic Program at the University of California, Riverside has as its main goal and objective to assist my child graduate from high school and pursue a postsecondary education. Therefore, I agree to comply with the following statements through my child's duration of high school to the best of my ability:

1. Assist my child with school work at home by:
 - Providing a specific area of the home for daily study
 - Setting a specific time for homework
 - Providing assistance with homework when possible
2. Maintain daily communication with my child about school activities (i.e. homework, extracurricular activities, classes, etc.).
3. Attend Upward Bound Parent Conferences scheduled once a year or when necessary for the duration of my child's participation in the program.
4. Notify Upward Bound personnel of address, phone number, and or school changes to maintain updated and accurate records for the participant.
5. I understand that my child must maintain a cumulative grade point average (GPA) of 2.5 in "a-g" courses through high school graduation (9th-12th grade).
6. I will assist my child with the application process to at least one postsecondary institution by visiting colleges/universities (if possible), attending available workshops (if possible), providing the required documentation, etc.
7. I will assist my child with the completion and submission of the Free Application for Federal Student Aid (FAFSA) during their Senior (12th grade) year of high school. I understand that I must provide income tax, residency, and social security documentation to complete the process.
8. I understand that my child may not be allowed to participate in specific activities and/or field trips if they do not adhere to the stipulations outlined in the Student Agreement or actively participate in program activities.
9. I will encourage my child to actively participate in all UB activities (Saturday Sessions, Summer Program, Study Hall, field trips, etc.) and provide transportation whenever necessary.

I acknowledge that I have read and understand this Parent Agreement and that the Upward Bound Assistant Director will review and/or renew this Parent Agreement, if necessary, so long as my child is a participant of the Upward Bound Classic Program.

Parent/Guardian Name

Parent/Guardian Signature

Student's Name

Date

Acuerdo de Padre

Entiendo que para que mi hijo(a) sea un estudiante con éxito, mi participación en su desarrollo social y académico es sumamente importante. También entiendo que el programa Upward Bound Classic en la Universidad de California Riverside tiene como su principal objetivo, el de ayudar a mi hijo(a) graduarse de la escuela secundaria y ejercer una educación universitaria. Para lograr esta meta, afirmo mi compromiso de dar mi mejor esfuerzo para cumplir con los requisitos siguientes durante la carrera secundaria de mi hijo(a):

1. Ayudar a mi hijo(a) con sus tareas y proyectos escolares:
 - Proporcionando una área específica de la casa para el estudio diario
 - Designando una hora específica para la tarea
 - Ayudando con la tarea cuando sea posible
2. Mantener comunicación diaria con mi hijo(a) acerca de las actividades escolares (es decir, tareas escolares, actividades extra curriculares, clases, etc.).
3. Asistir a las Conferencias de Padres del programa Upward Bound cada semestre durante la participación de mi hijo(a) en el programa.
4. Notificar al programa de Upward Bound sobre cambios de dirección, número de teléfono y/o cambios de la escuela para mantener registros precisos y actualizados del participante.
5. Tengo entendido que mi hijo(a) debe mantener un promedio académico acumulativo (GPA) de 2.5 en los cursos "a-g" cada año de la escuela secundaria (grado de 9-12).
6. Ayudaré a mi hijo(a) con el proceso de completar y entregar por lo menos una solicitud de admisión a la universidad o colegio, apoyándolos a visitar colegios y universidades (si es posible), asistiendo a talleres sobre admisión a la universidad (si es posible), y proporcionando la documentación requerida, etc.
7. Ayudaré a mi hijo(a) con el proceso de completar y entregar la Solicitud Gratuita de Ayuda Federal para Estudiantes (FAFSA) durante el último año (grado 12) de la secundaria. Entiendo que tengo que proveer documentación de impuestos e ingresos, la residencia, y el número de seguro social para completar la solicitud de ayuda financiera.
8. Tengo entendido que mi hijo(a) puede perder el privilegio de participar en actividades específicas y/o excursiones educativas si no adhiere a las estipulaciones en el Acuerdo de Estudiantes o si deja de participar activamente en las actividades del programa.
9. Animaré a mi hijo(a) a participar activamente en todas las actividades de Upward Bound (Sesiones de los Sábados, Programa de Verano, Salón de Estudio/Tutoría, excursiones educativas, etc.) y proporcionaré transportación cuando sea necesario.

Reconozco que he leído y comprendo este Acuerdo de Padre y que el Subdirector(a) del programa Upward Bound revisará y/o renovará este Acuerdo de Padre si es necesario siempre y cuando mi hijo/hija sea participante del programa de Upward Bound Classic.

Parent Authorization

I, _____, parent or legal guardian of _____, understand and hereby give permission for my child to participate in Upward Bound Classic activities conducted by the University of California, Riverside (UCR). Furthermore, I understand that the primary objectives of Upward Bound are to have students promote to the next grade level, enroll in a rigorous secondary school program ("a-g" courses), graduate from high school, apply for postsecondary education and financial aid, and enroll in a postsecondary institution.

I hereby authorize the Upward Bound Classic Program staff and assistants at the University of California, Riverside to:

1. Have access to, and make and receive copies of my child's (a) academic records through the completion of the 12th grade, and (b) my child's standardized test records through the completion of 12th grade, including tests taken under the auspices of the Educational Testing Service. I authorize access to hard copies and electronic copies of the records, as well as access to electronic databases and warehouses. I understand that these records will be used to monitor my child's academic progress and to determine when academic support services are needed.
2. Disclose information from my child's academic records to representatives of colleges and universities and other institutions so that they may determine my child's eligibility for admissions at their institutions, their need for special services, and for general use in planning of outreach activities. The records will be maintained by the University of California, Riverside consistent with Federal Family Education Rights and Privacy Act of 1970 and university policies.
3. Speak and/or exchange information with counselors, teachers, and other school administrators about my child's academic progress as part of the services provided by UC Riverside's Upward Bound Classic Program.
4. Allow my child, during UB events, access to network computer services such as the World Wide Web (internet) and electronic mail for the purposes of requesting and obtaining postsecondary preparation and institution information.
5. Take my child on educational and cultural field trips and/or other activities sponsored and coordinated by UCR's Upward Bound Classic Program and sometimes by other organizations within the university. I understand that my child will have adult supervision while participating in these activities.
6. Obtain academic records upon transfer to another school/institution outside of Upward Bound Programs' service area or another school/institution serviced by another Upward Bound program.
7. I, the undersigned, give my permission to be photographed, videotaped, voice recorded, and/or quoted while participating in the Upward Bound Classic Program. I understand that this agreement gives the University of California full discretion and authority to edit and use the photographs, videotape, voice recordings, and/or quotes for documenting or publicizing the Upward Bound Classic Program. I understand that the photographs, videotapes, voice recordings, and/or quotes will be, and remain, the property of the University of California.

I understand and agree that this Parent Authorization will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children, and any guardian for said children.

I understand that this Parent Authorization is valid for the duration of the time that my child participates in Upward Bound, unless I rescind it through written instructions.

I acknowledge that I have read this Parent Authorization and that I understand the words and language in it.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Autorización de Padre

Yo como padre o tutor legal entiendo y doy permiso para que mi hijo(a) participe en las actividades del Programa Upward Bound Classic realizadas por la Universidad de California, Riverside (UCR). Además, entiendo que los objetivos principales de Upward Bound son que los estudiantes avancen al siguiente grado académico, completen cursos rigurosos de estudio (cursos "a-g"), se gradúen de la escuela secundaria, completen y entreguen solicitudes de admisión a la universidad y de ayuda financiera y se inscriban en la universidad.

Por lo presente, autorizo al personal y asistentes del Programa Upward Bound Classic de la Universidad de California, Riverside a:

1. Tener acceso a hacer y recibir copias de (a) los registros académicos de mi hijo(a) hasta terminar el 12 ° grado, y (b) los registros de los exámenes estandarizados de mi hijo(a) hasta terminar el 12 ° grado, incluyendo los exámenes tomados bajo los auspicios del Servicio de Exámenes Educativos. Autorizo el acceso a copias impresas e electrónicas de los registros, y el acceso a bases de datos y almacenes electrónicos. Entiendo que estos registros se usarán para monitorear el progreso académico de mi hijo(a) y para determinar cuándo se necesiten servicios de apoyo académico.
2. Compartir información de los registros académicos de mi hijo(a) a representantes de colegios, universidades, y otras instituciones para que puedan determinar la elegibilidad de mi hijo(a) para la admisión a sus instituciones, su necesidad de servicios especiales y para uso general en la planificación de actividades educativas. Los registros serán mantenidos por la Universidad de California, Riverside de acuerdo con la Ley Federal de Privacidad y Derechos Educativos de Familia de 1970 y las pólizas de la universidad.
3. Hablar y/o intercambiar información con consejeros, maestros y otros administradores escolares sobre el progreso académico de mi hijo(a) como parte de los servicios ofrecidos por el Programa Upward Bound Classic de UC Riverside.
4. Durante los eventos de UB, permitir que mi hijo(a) acceda a los servicios informáticos de la red, como el Internet y correo electrónico, con el fin de solicitar y obtener información sobre instituciones universitarias.
5. Llevar a mi hijo(a) a excursiones educativas y culturales y/u otras actividades patrocinadas y coordinadas por el Programa Upward Bound Classic de UCR, y en ocasión, actividades coordinadas por otras organizaciones dentro de la universidad. Entiendo que mi hijo(a) tendrá la supervisión de un adulto mientras participe en estas actividades.
6. Obtener expedientes académicos al transferirse a otra escuela/institución fuera del área de servicio del programa Upward Bound o a otra escuela/institución que recibe servicios de otro programa de Upward Bound.
7. Yo, el abajo firmante, doy mi permiso para ser fotografiado, grabado en video, grabado de voz y/o citado mientras participo en el Programa Upward Bound Classic. Entiendo que este acuerdo le da a la Universidad de California total discreción y autoridad para editar y usar las fotografías, cintas de video, grabaciones de voz y/o citas para documentar o dar publicidad al Programa Upward Bound Classic. Entiendo que las fotografías, cintas de video, grabaciones de voz y/o citas serán y seguirán siendo propiedad de la Universidad de California.

Entiendo y acepto que esta Autorización de Padre será vinculante para mí, mi cónyuge, mis herederos, mis representantes personales, mis cesionarios, mis hijos y cualquier tutor legal de dichos hijos.

Entiendo que esta Autorización de Padre es válida durante el tiempo que mi hijo(a) participe en el programa Upward Bound, a menos que lo revoque mediante instrucciones escritas.

Reconozco que he leído esta Autorización de Padre y que entiendo las palabras y el lenguaje que contiene.

UNIVERSITY OF CALIFORNIA, RIVERSIDE
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in General Services for the Upward Bound Classic Program until completion of high school (Academic Advising, Tutoring, Campus Tours, Specialized Workshops) hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, 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 the 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.

Signature of Parent/Guardian of Minor Date

Signature of Participant Date

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 one 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 for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, 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.

Signature of Parent/Guardian of Minor Date
Participant's Age (if minor) _____

Signature of Participant Date

UNIVERSIDAD DE CALIFORNIA, RIVERSIDE
Renuncia de Responsabilidad, Asunción de Riesgo, y Acuerdo de Indemnización

Renuncia: A cambio de que se me permita participar en cualquier capacidad en los *Servicios Generales para el Programa de Upward Bound Classic hasta al terminarse la preparatoria (Asesoramiento Académico, Tutoría, Visitas a Universidades, Talleres Especializados)* mas adelante llamado "La Actividad", Yo, en mi nombre y en el de mis herederos, representantes o designados personales, **por la presente relevo, renuncio, eximo, y acepto no demandar** a los miembros de la Junta de Regentes de la Universidad de California, sus funcionarios, empleados y representantes de responsabilidad **de todo reclamo, incluyendo la negligencia de los miembros de la Junta de Regentes de la Universidad de California, sus funcionarios, empleados y representantes**, resultante de lesión, accidentes o enfermedades (inclusive la muerte) y perdida de propiedad originada por, pero no limitada a, la participación en La Actividad.

Asunción de Riesgos: La participación en La Actividad conlleva ciertos riesgos propios de tales proyectos y actividades que no pueden ser eliminados a pesar del cuidado que se tome para evitar lesiones o daños. Los riesgos específicos varían de una a otra actividad, pero los riesgos pueden incluir: 1) lesiones menores tales como rasguños, magulladuras y torceduras; 2) lesiones mayores como lesiones a los ojos o perdida de la vista, lesiones a coyunturas o a la espalda, ataques al corazón y contusión cerebral; 3) lesiones catastróficas, inclusive parálisis y muerte.

He leído los párrafos anteriores y se, comprendo y me doy cuenta de estos y otros riesgos que son inherentes de La Actividad. Por lo presente afirmo que mi participación es voluntaria y que asumo, a sabiendas, todos los riesgos.

Indemnización y eliminación de responsabilidad: También estoy de acuerdo en INDEMNIZAR Y EXONERAR DE TODA RESPONSABILIDAD a los miembros de la Junta de Regentes de la Universidad de California de cualquier y toda reclamación, acción, demanda, procedimiento, costo, gasto, daño y responsabilidad, inclusive los honorarios de abogados resultantes de mi participación en La Actividad y de reembolsar estos costos en caso de incurrir tales gastos.

Derechos y obligaciones: El firmante además esta de acuerdo específicamente con el hecho que la Renuncia y el acuerdo de Asunción de riesgos firmados en la presente se proponen ser tan amplios e inclusivos como permite la ley del estado de California y, que si cualquier parte de ellos se determina nula, se esta de acuerdo en que el resto, sin embargo, mantendrá toda su fuerza y efecto.

Reconocimiento de entendimiento: He leído esta Renuncia de responsabilidad, Asunción de riesgos y acuerdo de indemnización y entiendo por completo las condiciones **y entiendo que estoy renunciando a derechos substanciales, incluyendo mi derecho a entablar una demanda.** Reconozco que firmo este acuerdo libre y voluntariamente, **y con mi firma indico que esta es una renuncia completa e incondicional de toda responsabilidad** de la manera mas amplia permitida por la ley.

**AUTHORIZATION FOR THIRD PARTY
TO CONSENT TO TREATMENT OF MINOR
LACKING CAPACITY TO CONSENT**

(I)(We), the undersigned, parent(s)/person having legal custody/legal guardianship of (name of minor) _____, a minor, do hereby authorize (name of agent) University of California, Upward Bound Classic Program Staff, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority to the above described agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization is given pursuant to the provisions of Family Code Section 6910.

(I)(We) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Family Code Section 6910 to surrender physical custody of such minor to (my)(our) above-named agent(s) upon completion of treatment. This authorization is given pursuant to Health and Safety Code Section 1283.

These authorizations shall remain effective until (month and day) August 31, 2027, unless sooner revoked in writing delivered to the agent(s) noted above.

Date: _____

Signature: _____
{parent/legal guardian/person having legal custody} (circle relationship)

Please select your relationship with the student:

- Parent Legal guardian Person having legal custody

Medically Relevant Information

Minor's Name: _____

Minor's Birth Date: _____

Allergies to drugs or food: _____

Conditions for which minor is currently being treated: _____

Current Medications: _____

Restrictions on activity: _____

Primary Care Physician (name and telephone number): _____

Insurance Company: _____

Parent 1/Guardian 1 Name: _____

Parent 1/Guardian 1 Address: _____

Parent 1/Guardian 1 Telephone Numbers:

Cell _____ Home _____ Work _____ Other _____

Parent 2/Guardian 2 Name: _____

Parent 2/Guardian 2 Address: _____

Parent 2/Guardian 2 Telephone Numbers:

Cell _____ Home _____ Work _____ Other _____

Emergency Contact (*Please include name, phone number, and relationship to applicant*):

Recommendation Form

Student's Name: _____ School: _____ Grade: _____

To the individual completing this form:
When Complete email or text document to:

Jessica Gonzalez
jessica.gonzalez1@ucr.edu
951-255-1582

The person whose name appears above has applied for admission to the Upward Bound Program. The selection committee would appreciate your answering the questions below in a specific and candid manner, noting any particular incidents, which illustrate the applicant's maturity, initiative and academic potential to succeed. Please understand that your recommendation may be made available for inspection at the student's request, pursuant to the Family and Educational Rights and Privacy Act of 1974 and related laws and regulations (use additional sheet, if necessary).

Recommender's Name: _____ **Teacher** **School Counselor**

School/Organization: _____ **Email:** _____

Explain comments by using complete sentences; avoid short answers such as "yes" or "no". If your relationship with the applicant does not allow you to make an evaluation of any item, please indicate "N/A" or not applicable.

1. How long have you known the applicant? _____ year(s). Under what circumstances?

2. If you are/were the **applicant's teacher**, please rate the student on the following criteria:

	Outstanding	Above Average	Average	Needs Improvement	N/A
1) Academic Achievement					
2) Writing Skills					
3) Reading Skills					
4) Math Skills					
5) Science Skills					
6) Academic Potential					
7) Motivation					
8) Follows through on assignments and projects					

3. If you are/were the applicant's **school counselor**, please rate the applicant on the following criteria:

	Strongly Agree	Agree	Agree Somewhat	Disagree
1) Positive self-image				
2) Potential to attend college				
3) Potential to succeed in a program that requires summer and/or weekend commitments				
4) Highly motivated				
5) Survives frustrating experiences				
6) Potential for growth				

4. What other qualities come to mind that best describe the applicant?

5. To the best of your knowledge, does this applicant have a disadvantaged background (i.e., low income for several years, first generation college student, inner-city or migrant family)? Yes No Why?

6. What services or assistance would assist the applicant to succeed in college?

7. Are you aware of any current circumstances or problems which might affect the applicant's performance in high school (e.g., financial background, family responsibilities, educational preparation, health)?

Signature _____

Date _____