Horizons Program at Clarkson University Code of Conduct Form

Horizons Program Level:	Horiz	ons I	Horizons II	Horizons III
Program Session Type:	Virtual	In-person		
Full Name of the Horizons Pa	articipant:			
Please read thoroughly	and check all ap	ppropriate boxes	for your session typ	pe before signing.
☐ I will participate to the beginning promptly and abide by a ☐ I understand that my use of all unrelated of	ll regulations det y full attention sh	ermined by the pould be directed	rogram administrati	ion.
	hotos or videos of vill be no tolerand	f other program pee for program me	participants without embers involved in a	their explicit consent any form of abuse (no
I understand that I will internet access to partic	_		th a camera and mic	crophone and stable
I will promptly notif electronic device or			have trouble connec	eting or the loan of an
I understand I may b activities.	e asked to share	my video or unm	ute to participate in	vitual program
I understand that I wand dress in a manne	•	•		nerefore, I will act
☐ I will avoid behavior tha	at is distracting to	instruction.		
Unless otherwise instruction.	structed, I will uti	llize "raise your l	hand" and wait to ca	all on me during
I will not use the cha	at for private conv	ersations during	instruction.	
I will send off-topic	but time-sensitive	e questions to mo	oderators during for	mal instruction.
I will use my mute b	· ·			
☐ I will join class mee	-	plan to join a fev	w minutes early in c	ase of computer
problems or internet	delays.			

In-person ONLY:

I understand that as a participant in the Horizons Program, I am a guest of Clarkson University. Therefore, I understand I will need to abide by Clarkson University safety regulations and exhibit safe and responsible behavior at all time within scientific laboratories and classrooms, in dormitories, while walking on campus grounds/trails, and during all recreational activities.

I understand I must be "checked in/out" by an authorized adult, therefore, while "checked in" I am not permitted to leave campus.

I will stay in spaces designated on the schedule and not move about campus without program staff.

I will report sickness and accidents immediately to a program staff member.

I will not bring with me or have on-campus a pet unless the university has granted an exemption. I will wear clothing and shoes that are suitable for laboratory, classroom, or outdoor activities. I understand that for my safety I may be asked to change or be provided alternative attire (for example, lab coat, t-shirt, shorts/pants that cover the upper thigh, face mask, etc.).

I will not possess or consume alcohol or illegal drugs or bring anything that could be considered a weapon to campus.

I will not gamble in any capacity.

Signature of Parent/Guardian

that if any of these policies are violated, I may be impute the camp cost. Also, at that point, any materials loans	*
Signature of Participant	Date
As the parent/guardian, I concur that they will abide be permission for their participation in all educational proof the program at Clarkson University.	
Printed Name of Parent/Guardian	
Signature of Parent/Guardian	Date

By signing below, I attest that I have read and agree to abide by all guidelines. Furthermore, I understand