

APPLICATION FORM - PAGE 1 OF 2
BEGINNERS' INVESTMENT SUMMER CAMP 101
JUNE 23 - 27, 2025

9 AM to 2 PM Daily

Commerce and Finance Building ~ University of Detroit Mercy
4001 West McNichols Road ` Detroit, Michigan 48221

SPACE IS LIMITED to 50 CAMPERS
OPEN REGISTRATION ENDS APRIL 30, 2025

Dear Student,

Thank you for your interest in attending the Charlton Center for Responsible Investing (CCRI)
2025 Beginners' Investment Summer Camp 101

Our desire over the five days is to

- Expose you to the exciting world of investing
- Educate you in basic financial and investment concepts
- Explore career opportunities for qualified investment professionals
- Highlight the unique introduction to Investments offered in connection with the CCRI

APPLICATION PROCESS:

We will host fifty (50) rising high school juniors and seniors at this year's camp. **The camp is free, and all materials will be provided.** Because the space is limited, we are most interested in selecting students who have an interest in learning about investments and exploring career opportunities as a trained investment professional..

Prior investment knowledge or experience is NOT required. Attending the camp and actively participating in the course of study will help bridge the information gap.

**TO COMPLETE THE SIMPLE APPLICATION PROCESS,
TWO (2) STEPS BELOW ARE REQUIRED.**

First -- Complete the biographical information detailed on the next page (page 2 of 2) and provide the required signatures.

Second - Provide two letters of recommendations from individuals who can speak to your academic abilities and character. (Submit with page 2). Obtain parental signatures on the Media Waiver forms from our sponsor, The Auto Club Group Fund, and the University of Detroit Mercy.

After receiving notification of acceptance, please

- Be prepared for a lively, informative Camp experience on our beautiful Campus

COMPLETED APPLICATIONS MUST BE RECEIVED NO LATER THAN CLOSE OF BUSINESS ON APRIL 30, 2025. PLEASE FOLLOW THE DIRECTIONS AND PROVIDE ALL INFORMATION REQUESTED.

**STUDENTS SELECTED FOR THE CAMP WILL BE NOTIFIED VIA EMAIL NO LATER THAN
May 15, 2025.**



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SPACE IS LIMITED – OPEN REGISTRATION MARCH 1 - APRIL 15, 2025

Please Print Legibly

NAME _____

Address _____ City/State _____

Email Address _____ Cell _____

High School _____

Birthdate: ____/____/____ Female__ Male__

I AM A FALL 2025 (CHECK ONE) _____ SENIOR _____ JUNIOR

Expected Graduation Date Month and Year _____

GPA _____

SAT/ACT

Score _____

PLEASE CHECK ONE: I know ___ a lot ___ a little ___ nothing
about Investments and the Investment Industry

*If my application is accepted, I commit to being on time, attending every day, and being
actively engaged in the learning process:*

Student Signature _____

Counselor Name _____ Signature _____

Name of Parent or Guardian (Please Print) _____

Signature of Parent or Guardian _____

Questions? Contact Dawna Edwards-Rodgers, Director ewarddj1@udmercy.edu

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK
AND INDEMNITY AGREEMENT (“Agreement”)**

I, _____ (“Participant”), hereby acknowledge that I have voluntarily elected to participate in the _____ (“Program”), scheduled for _____. In consideration for being permitted to participate in the Program, I hereby acknowledge and agree to the following:

ELECTIVE PARTICIPATION: I acknowledge that my participation is elective and that the Program is unsupervised.

RULES AND REQUIREMENTS: I agree to conduct myself in accordance with University of Detroit Mercy ("UDM") Student Handbook. I further agree to abide by all the rules and requirements of the Program, and all applicable federal and state laws. I grant UDM the right to terminate my participation in the Program if it is determined that my conduct is detrimental to the best interests of the group or violates any rule of the Program.

RELEASE AND WAIVER OF LIABILITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, **hereby release, waive, discharge, and covenant not to sue** UDM, its Board of Trustees, directors, officers, employees and agents (hereinafter referred to as "Releasees") for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, property damage or death that I may suffer as a result of my participation in the Program, **regardless of whether the injury, damage or death is caused by the negligence of the Releasees or otherwise.**

ASSUMPTION OF RISK: I understand that there are potential dangers incidental to my participation in the Program, some of which may be dangerous and which may expose me to the risk of personal injuries, property damage, or even death. I understand that these potential risks include, but are not limited to: travel to and from the Program; local transportation; getting arrested; being held in jail; consumption of food; weather conditions; criminal activities; terrorist activities; negligent or willful acts of other participants; negligent first aid operations or procedures of Releasees; and other risks that are unknown at this time. **I knowingly and voluntarily assume all such risks, both known and unknown, even if arising from the negligence of Releasees,** and assume full responsibility for my participation in the Program.

INDEMNITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless, defend and indemnify the Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, property damage or death that may arise as a result of my participation in the Program, **regardless of whether the injury, damage or death is caused by the negligence of the Releasees or otherwise.**

CHOICE OF LAW/SEVERABILITY: I hereby agree that this Agreement shall be construed in accordance with the laws of the State of Michigan and that this Agreement is intended to be as broad and inclusive as permitted by such law. I further agree that if any

portion hereof is held invalid, the balance shall, notwithstanding, continue in full force and effect.

HEALTH/SAFETY: I am aware of all applicable personal medical needs, and I am unaware of any health-related reasons or problems which preclude or restrict my participation in the Program. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I understand and agree that UDM is not obligated to attend to any of my medical or medication needs during the Program, and I assume all risk and responsibility of the same. If, during the Program, I require medical treatment or hospital care, in a foreign country or in the United States, UDM is not responsible for the costs or quality of such treatment or care. I also understand and agree that if I am arrested during the Program, UDM will not provide me with bail money, attorney's fees, new travel arrangements, local accommodations, or any other benefit not arranged prior to the Program. I agree that UDM may, but is not obligated to, take any actions it considers necessary under the circumstances regarding my health and safety. I further agree to pay all expenses relating thereto and release UDM from any liability for any actions it may take.

I have read this Agreement and fully understand its terms. I am aware that this Agreement includes a release and waiver of liability, an assumption of risk, and an agreement to indemnify the Releasees. I understand I have given up substantial rights by signing this Agreement, and sign it freely and voluntarily without any inducement. I am at least 18 years of age and fully competent; I execute this Agreement for full, adequate and complete consideration fully intending to be bound by it.

Signature of Participant

Date

Signature of Parent/Guardian for Participants under eighteen (18) years of age:

I certify that I have custody of Participant or I am the legal guardian of Participant by court order. I have read this Agreement and fully understand its terms. I am aware that this Agreement includes a release and waiver of liability, an assumption of risk, and an agreement to indemnify the Releasees. I join with Participant in granting a release to Releasees as set forth in detail above.

Signature of Parent or Guardian

Date

PUBLICITY CONSENT/RELEASE

The Auto Club Group, its subsidiaries and affiliates (collectively, "Club") uses testimonials, endorsements, and media submitted by members and customers for purposes of marketing, advertising and promotion (collectively, "Promotion"). All testimonials, endorsements, and media I submit, including but not limited to my name, photographs, likeness, image, biographical information, video recordings, verbal recordings, written statements, experiences, beliefs and opinions regarding the Club, its products and services shall be deemed Testimonial Information which may, in the Club's sole discretion, be used for Promotion. By executing this Testimonial Consent/Release Form I acknowledge and affirm that the Testimonial Information made a part hereof, accurately reflects my true and actual experiences, beliefs and opinions, are my own statements and have been voluntarily provided. I further acknowledge that I have not received, nor have been promised compensation for the use of my testimonials, endorsements, and media. All testimonials, endorsements, and media shall become the property of the Club once submitted and shall not be returned.

By executing this Publicity Consent/Release I for myself and as parent or legal guardian of the minor children listed below hereby:

1) Irrevocably grant the Club and its advertising and promotion agencies the right to use, (without fee or payment, or the right to inspect and pre-approve the finished promotional product or copy that may be used or applied) all testimonial, endorsement, and media submissions, including photographic, video, or verbal media for the Club's Promotion projects (including the permission to reproduce the Testimonial Information statements in different words which have substantially the same meaning but edited for clarity and/or conciseness) in any published, broadcast, electronic form, (including the internet), and any other present or future medium of advertising, publicity or trade in any part of the world for an indefinite period of time; and

2) Hold harmless, remise, acquit, satisfy, release and forever discharges the Club and each of their respective parent companies, subsidiaries, affiliates, advertising and promotion agencies, and each of their respective officers, directors, shareholders, agents, and employees of and from all manner of action and actions, cause and causes of action, claims, demands, damages, costs or expenses, including attorney fees, in law or in equity, which I, my successors or the minor children listed below can, shall or may hereafter have for use of the Testimonial Information.

No promise or representation which is not expressed in this Publicity Consent/Release has been made to I, and I have read this document, understand it and am signing it voluntarily.

Signature: _____ Print Name: _____

Date: _____ Witness: _____

Parent/Guardian must sign above if Testimonial (including photos) includes one or more minor children.

Child 1 _____ Relationship _____ Child 2 _____ Relationship _____
Child 3 _____ Relationship _____ Child 4 _____ Relationship _____



PHOTOGRAPHIC CONSENT AND RELEASE FORM

For consideration received and acknowledged, the undersigned authorizes and consents to the use by University of Detroit Mercy (Detroit Mercy), of the undersigned's name, image, voice, testimonial and/or likeness as follows:

Detroit Mercy shall have the unlimited and irrevocable right to publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display, digitize or otherwise use or re-use the undersigned's name, image, voice, testimonial and/or likeness in connection with any product or service in all marketing and promotional materials, and publicity efforts. The undersigned understands that the undersigned's name, image, voice, testimonial and/or likeness may be used as noted above in videos, websites, flyers, posters, brochures, newspapers, advertisements, or other forms of communication and promotion.

The undersigned shall have no right of approval, no other claim to compensation, and releases Detroit Mercy and its officers, employees, trustees and agents from liability for any violation of any personal or proprietary right the undersigned may have in connection with such use. The undersigned understands that all such recordings, in whatever medium, shall remain the property of Detroit Mercy. The undersigned has read and fully understands the terms of this release. The undersigned is not a minor, has the full and exclusive right and authority to grant this consent and release, and that it does not conflict with any existing commitment of the undersigned.

Name: _____

Address: _____
Street

City	State	Zip
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Phone: _____

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18):

_____ Date: _____