



Dear 2016 Academy Fellows,

We are delighted to be able to extend an invitation to join us back at Gustavus Adolphus College for The Nobel Conference on September 27 & 28, 2016.

Nobel Conference 52 “In Search of Economic Balance”

The transition to a world economy has revealed a variety of tradeoffs that polarize economists and policy makers. Optimizing a business for efficiency often results in fewer and lower paying jobs. Regulating businesses for the public good may reduce their ability and incentive to develop innovative solutions to challenging problems. In the end, we are left with questions like:

- *Why does inequality matter?*
- *Can we bring the prosperity enjoyed by the world’s advanced economies to the rest of the world?*
- *How do we grow economies in a sustainable way that benefits most, if not all of the population?*

The 2016 Nobel Conference: In Search of Economic Balance brings economists from around the world to help us understand some of the challenges facing real world implementation of economic theories.

For more information about the conference, schedule, and speakers visit: gustavus.edu/events/nobelconference/about

Dates: September 27-28, 2016

Arrive: September 27 Check-in: 8:00-9:00 a.m. (Conference seating begins at 9:15 a.m.)

Depart: September 28 6:00 p.m. (after dinner)

Place: Gustavus Adolphus College, Saint Peter, Minnesota

Cost: \$25.00

Includes: A conference ticket for **September 27** (includes lunch and dinner) and **September 28** (includes Breakfast, Lunch and Dinner). Overnight lodging at the Southwest Youth Hostel (located on campus).

For those traveling from a distance, we are able to offer additional nights of lodging (Monday and/or Wednesday). In addition, the grant from the Lilly Endowment Inc. has made it possible for us to offer scholarships to help cover travel expenses to and from the conference and, if needed, the \$25.00 registration cost. Scholarship requests will be handled on an individual basis, upon request.

To register, complete and return the attached forms along with your payment of \$25.00.

Registration deadline: Friday, August 5, 2016

If you have questions, or would like to request a scholarship, please email faithandscience@gustavus.edu or call Cyndi Berg at 507-933-7001. We hope to see you in September!

Sincerely,

Rev. Siri Erickson

Director of the Gustavus Academy for Faith, Science, and Ethics

This opportunity is made possible by a generous grant from the Lilly Endowment, Inc.



Gustavus Academy for Faith, Science, and Ethics
The Nobel Conference – September 27-28, 2016

Registration Form

AUTHORIZATION: I am a parent or legal guardian of the child named on this form, and having legal authority and custody of such child, I hereby give my authorization and consent for such child to participate in the Gustavus Academy for Faith, Science, and Ethics/ The Nobel Conference on the campus of Gustavus Adolphus College. I agree to inform the staff in writing of all custodial arrangements that impact my child's participation in the Gustavus Academy for Faith, Science and Ethics. The laws of Minnesota govern this Consent and Release.

Date: _____
(Signature of Parent/Guardian/Accompanying Adult)

Student's First Name: _____ Last Name: _____

_____ I plan to attend The Nobel Conference (includes one overnight, Tues. Sept. 27)

_____ Due to travel arrangements, I will need additional housing: _____ Mon. Sept. 26 _____ Wed. Sept. 28
(Check all that apply)

Birthdate: _____ (circle one): M / F

Dietary Restrictions: _____ (vegetarian, vegan, allergies, etc.)

Student's Email: _____

Student's Cell Phone: _____

School: _____ Grade (Fall 2016): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____

Parent/Guardian Name(s): _____

Primary Phone: _____ Secondary Phone: _____

Parent/Guardian E-mail: _____

Parent/Guardian E-mail: _____ If

parent/guardian cannot be reached...

Emergency Contact name: _____ Phone: _____

To register:

Complete *Registration, *Medical Insurance Information and Release, *General Liability Waiver **Forms** Include
\$25.00 check payable to: Gustavus Adolphus College

Mail ALL forms and check to:

Gustavus Adolphus College, Attn: Cyndi Berg, 800 W. College Ave, St. Peter MN 56082

Registrations must be received NO LATER THAN Friday August 5, 2016

Gustavus Academy for Faith, Science, and Ethics/The Nobel Conference-September 2016

Medical Insurance Information and Release Form

Name of Student: _____

Gender: M / F Age: _____ Date of Birth: _____ / _____ / _____

Medical Insurance Information (in lieu of insurance, please complete the back side of this page)

Our medical insurance holder is: _____

The policy number is: _____

The medical history listed below is complete and correct to the best of my knowledge. I hereby give permission to the physician or health care professional selected by the Gustavus Academy for Faith, Science, and Ethics Director to order x-rays, routine tests and treatment for the health of my child should he/she become injured or ill. If I cannot be reached in case of emergency, I give my permission to the selected physician or health care professional to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child named above. This form may be photocopied.

1.) Any allergies which your child is subject to (foods, medications, insect bites, etc.)

Does this cause anaphylaxis? Y / N

2.) Please describe the reaction and what is done to manage above allergies.

3.) Any medication which should be taken during the stay on campus: *Please note that the student will be responsible for their own prescription medications and/or over the counter medications*

4.) Any factors or chronic concerns (including medical or psychological conditions, dietary needs, or mobility restrictions) which might affect the student's participation in the Academy and Academy related activities (What supportive health care is needed?)

Signature of parent or guardian

Date

No Insurance Release Form (only for Academy Fellow without medical insurance)

In consideration for Gustavus Adolphus College, Permitting _____, ("Academy Fellow") A minor, residing at {Address} _____, to participate in the Gustavus Academy for Faith, Science, and Ethics/Nobel Conference including all of the physical activities involved therewith AND in consideration for Gustavus Adolphus College, agreeing to waive its requirement that all Academy participants be insured under private insurance plans, Academy Fellow, by and through Academy Fellow's parent(s)/guardian(s), hereby remises, releases and forever discharges Gustavus Adolphus College as well as its affiliates, successors, assigns, representatives, and employees, from any and all actions causes of action, claims demands, and liabilities for, upon, or by reason of any damage, loss or injury to any person or to any property relating to Academy Fellow's participation in the Academy and all activities pertaining thereto. The Academy Fellow, by and through Academy Fellow's parent(s)/guardian(s), further agrees to indemnify and hold forever harmless Gustavus Adolphus College against loss from any further claims, demands or actions arising from Academy Fellow's aforestated Academy participation that may hereafter be make or brought against Gustavus Adolphus College by any person or entity.

Signature of Academy Fellow

_____ Date: _____

Print Academy Fellow's Name

Signature of Academy Fellow's Parents(s)/Guardian(s)

_____ Date: _____

Print Name(s) of Academy Fellow's Parents(s)/Guardian(s)

AWARENESS OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

Gustavus Academy for Faith, Science, and Ethics

The Nobel Conference – September 2016

General Liability Waiver (for participants 17 and under)

RELEASE & INDEMNITY: I understand that there are inherent risks involved in any camp. I understand that in addition to the classroom environment, some supervised recreational activities will be offered that may involve limited physical activity. I also authorize Gustavus to provide transportation to and from the MSP airport for those in need of transportation. On behalf of my child and myself, I hereby waive, release and discharge, its members, officers, employees, agents and volunteers from any and all claims, liabilities and costs, including but not limited to, any injury, loss, or damage to person or property that may occur during the course of the child's involvement with the Gustavus Academy for Faith, Science, and Ethics. I agree to indemnify, defend and hold harmless the Gustavus Academy for Faith, Science, and Ethics, and its members, officers, employees, agents and volunteers, from any and all claims, liabilities and costs asserted by or on behalf of me or the child or any of our legal representatives, parents or heirs, within the scope of the release.

IMAGE RELEASE: I authorize and permit the child named above to be included in photographs and videos that may be used for display by the Gustavus Academy for Faith, Science, and Ethics in informational and promotional publications, including the Gustavus Academy for Faith, Science, and Ethics website. I understand that no reference to the name of the child will be made alongside such images without my consent and that I will not receive compensation for the use of these images.

BEHAVIOR EXPECTATIONS: I understand that the Gustavus Academy for Faith, Science, and Ethics expects all participants to behave in a respectful manner towards the leadership, their peers and the property of this camp. Campers who choose to act disrespectfully will receive a warning. In the event that the disrespectful behavior does not desist, I understand that I will be asked to leave camp, without refunding of payment. I also understand that some circumstances require immediate expulsion including, but not limited to, acts of extreme danger, acts of harassment of others or acts of intentional damage to property.

Though Gustavus makes every effort to ensure the safety, protection and supervision of students attending a Gustavus Program, participants must abide by College rules and regulations. Gustavus will not accept responsibility for actions or injuries to or by students incurred while violating College rules and regulations, or local, state or federal laws. The parent or guardian's signature below indicates acceptance of the above conditions.

Signature of Parent(s) or Guardian(s)

Date

Name of Parent(s) or Guardian(s) (PLEASE PRINT): _____

Student's Name: _____