Doolittle Institute's
MINI-URBAN CHALLENGE
2016 RELEASE & CONSENT WAIVER FORM

Participant's Name: _____

Role (Check all that apply)**:** ☐Mentor/Coach ☐Teacher ☐Student Team Leader ☐Student Team Member ☐Volunteer

Team Name: _____

School Name: _____
City State

This is a Consent and Release of Rights in favor of Doolittle Institute (DI) and its officers, directors, employees, successors, assigns, and volunteers who are working at the authorization or direction of DI with respect to the program and events officially offered by DI. This includes the DI's Mini-Urban Challenge (MUC), hereafter referred to as the "Competition". "Participant" means any individual, student, team member, mentor, coach, teacher, or volunteer involved in a Competition. In consideration of being allowed to participate in one or more Competition, I agree to the following:

Rules and Regulations. I agree to abide by the published rules and regulations of DI and the facilities where the Competition is hosted.

Photographic & Video Release. I hereby authorize, without limitation, DI to film, photograph and interview me and grant and convey to DI all right, title and interest in any and all interviews, photographic images, video and audio recordings ("Media") of me, or in which I may be wholly or partially included in any form. This shall include but not be limited to the right to copyright, use, alter, and publish such Media, and the right to any royalties, proceeds or other benefits derived from the Media. I hereby waive any right that I may have to inspect or approve the Media, any materials that may be used in connection with the Media, or the use to which it may be applied.

Assumption of Risk. There are risks inherent in participating in Competition events, including risks in the construction of robots and LEGO® structures, as well as in working with electrical connections, traveling to and from events, and participating in public Competitions. These risks include the risk of bodily harm (including without limitation, death) and property damage or loss. Being fully cognizant of the risks of participating in a Competition, I hereby assume those risks.

Release, Waiver, and Indemnification. Except to the extent due to the gross negligence or willful misconduct of DI, to the fullest extent permitted by applicable laws, I HEREBY (A) WAIVE, RELEASE, AND AGREE TO HOLD HARMLESS DI AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, AND REPRESENTATIVES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION ARISING OUT OF OR RELATED TO MY PARTICIPATION IN THE COMPETITION OR RELATED PROGRAMS AND EVENTS; and (b) agree to indemnify DI and its officers, directors, employees, agents, and representatives with respect to any and all claims, losses, damages, liabilities, judgments, or settlements, costs, and other expenses arising out of or related to my participation in the Competition or related programs and events. If, for any reason, my participation in the Competition is terminated early by DI, I shall be responsible for all costs associated therewith without limitation, and I shall not receive any refund of any fees and/or travel expenses incurred.

Medical Care. In the event I should sustain injuries or illness while involved in a Competition event, I hereby authorize DI to provide or arrange for first aid, medications, and hospital treatment needed as determined by DI. I further acknowledge and understand that DI does not assume any financial obligation associated with the same.

I understand that this form involves a release of legal rights. This Release shall be binding upon my heirs, personal representatives and assigns, and me and shall be governed by and constructed under the laws of the State of Florida, which shall be the venue for any legal action. This Release constitutes the entire agreement among the parties hereto with respect to the subject matter of this Release and supersedes any and all such previous agreements among the parties, whether written or oral.

_____ _____ _____ _____
Participant's Name *(Printed)* **Participant's Signature** **Date** **Date of Birth *(MM/DD/YY)***

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone:( ) _____ Email Address: _____ **Gender: ___ (M) ___ (F)**

Race: (optional) **____ African-American ____ Asian/Pacific Islander ____Native American/Alaskan ____ White/Caucasian ____ Multiple races**

For Participants under the age of eighteen (18) years listed above: I hereby consent and agree to the above as the above Parent/Legal Guardian of the above minor, in which case "I", "me" and "my" as used herein shall refer to a minor. In the event that the minor, for whom I am consenting, upon reaching the age of majority, renounces this agreement, I agree to be personally liable for any and all damages, costs, and expenses incurred by DI as a result of such renunciation.

_____ _____ _____
Parent or Legal Guardian Name [Printed] **Parent or Legal Guardian Signature** **Date**

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: ( ) _____ Email Address: _____