

2011-12 LEOMINSTER YOUTH ROBOTICS CONSENT FORM

Program: FLL____ VEX____ Jr.FLL____

In consideration of being allowed to participate in one or more Leominster Youth Robotics (LYR) events (including, but not limited to, team practices and tournaments), I agree to the following:

I hereby grant LYR the right to photograph or videotape myself during my presence at LYR. This gives LYR the right to use these images and my name, in LYR's discretion, in all media for the promotion of LYR and its mission and program. I also acknowledge that LYR events are public events that may be attended by the members of the press, business corporations, and media not under the control of LYR who might photograph or videotape the event.

There are risks inherent in participating in LYR events, including risks in the construction of VEX 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 an event, I hereby assume those risks. Except to the extent due to the gross negligence or willful misconduct of LYR, to the fullest extent permitted by applicable laws, I HEREBY WAIVE AND RELEASE ANY CLAIMS OR CAUSES OF ACTION which I may now or hereafter have against LYR arising in connection with my participation in any LYR event or arising from unofficial LYR programs and events offered by others. I hold harmless LYR, against any and all claims resulting from such participation, including, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever. ***In the event I should sustain injuries or illness while involved in a LYR event, I hereby authorize LYR to provide or arrange for first aid, medications, and hospital treatment needed as determined by LYR.***

I understand that this form involves a release of legal rights.

Participant Name [Printed] Participant Signature Date Date of Birth, or
 I am over 18 years old.

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

Phone: (Home) _____ Gender: ___(M) ___(F)

Emergency contact (other than parent/guardian): _____

Phone: _____ Relationship: _____

For Participants under the age of eighteen (18) years listed above: I hereby consent and agree to the above as the Parent/Legal Guardian of _____, in which case "I", "me" and "my" as used herein shall refer to said minor.

Parent/Legal Guardian Signature Print Parent/Legal Guardian Name Date