

MINOR PARTICIPANTS



In consideration of allowing my student, _____ (the "Student"), to participate in Beantown Bash (the "Program"), I, to the fullest extent permitted by law, on behalf of myself, my student, my spouse, heirs, representatives, executors, administrators and assigns, **AGREE TO AND DO FOREVER RELEASE, WAIVE, AND DISCHARGE TUFTS UNIVERSITY, ITS TRUSTEES, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, STUDENTS, ASSIGNS AND VOLUNTEERS (COLLECTIVELY REFERRED TO AS THE "RELEASEES") FROM ANY CAUSE OF ACTION, CLAIMS, OR DEMANDS OF ANY NATURE WHATSOEVER**, including but not limited to a claim of negligence which I, my student, my spouse, heirs, representatives, executors, administrators and assigns may now have or have in the future against the Releasees on account of personal injury, bodily injury, property damage or loss, death or accident of any kind, arising out of or in any way related to my student's participation in the Program and/or the use of facilities, equipment, or services in association with the Program howsoever the injury is caused, other than solely by the gross or wanton negligence or intentional misconduct of any of the Releasees, that may be sustained by my student while participating in the Program. In consideration of my student's participation in the Program, I **COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND HOLD HARMLLESS** the Releasees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to my student's participation in the Program and my student's use of facilities, equipment, or services in association with the Program, other than those caused solely by the gross or wanton negligence or intentional misconduct of any of the Releasees.

I understand that my student will work under the directions of Tufts University (the "University") students and staff and of Beantown Bash within their assigned area of the Program. My student agrees to abide by any additional instructions, written or verbal, provided by the instructor/mentors.

My student has been told the rules and instructions of the Program and agrees to follow them. I understand that he, she, or they (my student) may be asked to leave the Program if the rules or instructions are disobeyed.

I am not aware of any reason, medical or otherwise, that may impact my student's safety in the Program and/or activities. I acknowledge that my student does not have any allergies, dietary restrictions, nor requires any accommodations. All such information if any has been disclosed in writing to Tufts University prior to the Program start date.

I authorize Tufts University, its employees and agents, to act on my behalf in the event of an emergency during my student's participation in the Program, and to take whatever actions they may consider to be warranted under the circumstances regarding the protection of my student's health and safety. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, PERSONAL INJURY, OR DEATH, INCLUDING INJURIES** that may be sustained by my student as a result of participating in said Program. I understand that any circumstance or event arising from my student's participation in the Program may not be covered by insurance maintained by Tufts University. I affirm that I have medical insurance for my student and that I will be held financially responsible for any medical and emergency expenses incurred as a result of any accident, illness or other incapacity.

MINOR PARTICIPANTS

By signing below, I hereby confirm that I am the Parent or Legal Guardian for my Student enrolled in the program and that I have read this document in its entirety, understand it, and sign it voluntarily.

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

EMERGENCY CONTACT

Name of Participant/Student (Print)

First Name and Last Name

Phone Number

TRANSPORTATION CONTACT will serve as the point-of-contact if the student needs transportation from the program. *Leave blank if emergency contact should be contacted for this purpose.*

Name and Last Name

Phone Number

Please direct your Program questions and/or concerns to team@beantownbash.org.

Name of Participant (Print)

Beantown Bash, April 1st, 2023
Program title and date of the event

IMAGE AND RECORDING AUTHORIZATION AND RELEASE

I hereby grant to Tufts University, its officers and employees (collectively referred to herein as the “University”) and its agents and assigns the worldwide, perpetual, royalty-free, irrevocable right to: (1) photograph, videotape or otherwise record or capture the image, likeness and/or the voice my student (collectively, the “Materials”); and (2) reproduce, distribute, display, create derivative works of and otherwise use the Materials and my student’s name, photograph, image, likeness and voice for and in connection with the University’s educational, research, public relations, publicity, promotional, fundraising and recruitment purposes, for all but third party commercial purposes, by any means, methods and media (print and electronic) now known or in the future developed that the University deems appropriate.

I make this grant of rights with the understanding that no compensation will be paid to me or any student by the University for such grant. I understand and agree that all right, title and interest, including copyrights, in the materials created by the University pursuant to this agreement are the exclusive property of the University and that I will and my student will obtain no rights in such materials. I also understand that the University is not actually required to use my student’s name, photograph, image, likeness or voice recording in any way, and the University may use my student’s photograph, image, likeness or voice recording without identifying such Materials with my student’s name or making any attribution to me or my student.

This agreement will be governed by the laws of The Commonwealth of Massachusetts and represents the final and exclusive agreement between the University and me (on behalf of myself and my student) on this subject.

Signature of Parent/Guardian

Date

COVID-19 Questionnaire for University Visitors (Minors)

Tufts University is committed to ensuring the health and safety of the University community and those who visit our campus. To that end, we ask that any campus visitors or program participants complete this questionnaire. We sincerely appreciate your cooperation with this process to help keep our campus as safe as possible. Please complete the information below:

1. My student is up-to-date with their COVID-19 vaccinations? This means that your student has received a complete primary series and a booster dose, if eligible per [CDC guidelines](#). ☐ YES ☐ NO
2. If my student has not been fully vaccinated, does your student have a sincere religious belief that precludes vaccination or has a health care provider advised them that they have medical condition that is a contraindication for the COVID-19 vaccine? ☐ YES, sincere religious conflict ☐ YES, medical contraindication ☐ NO
3. Do you and your student agree to comply with the University's [COVID-19 protocols](#), which may change from time to time at the University's discretion? ☐ YES ☐ NO
4. My student has had no contact with anyone who has a confirmed or possible case of COVID-19 in the last 5 days? ☐ YES ☐ NO
5. My student currently is not experiencing any of the symptoms for COVID-19 or has experienced any such symptoms in the last 5 days? ☐ YES ☐ NO

Note in answering this question, according to the [United States Center for Disease Control Fact Sheet](#), persons with coronavirus have mild to severe respiratory illness with symptoms of fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.¹

Please note, if you answer 'yes' to question 5 above, and symptoms began within 5 days of the date my student plans to visit, your student will not be allowed to enter campus buildings. Thank you for understanding.

Name of Participant/Student (Print)

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

1 Current CDC symptom list:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

MINOR PARTICIPANTS

Code of Conduct Contract

The hacking community of Beantown Bash and Tufts University see this contract as a responsibility to ensure a safe and welcoming space around hackathons and the community in general. We want to promote areas where people feel safe and comfortable. We believe hackathons can not only contribute to technology but also to culture. The rules outlined in this contract must be followed.

- 1) You need to be kind to others from all backgrounds.
- 2) You will be expected to be a team player and to work collaboratively with those on your team.
- 3) Conduct yourself in a responsible manner; no harassment, assault, bullying, horseplay, practical jokes or pranks are permitted. Remember that racist, sexist, or exclusionary jokes are not appropriate for this event.
- 4) Please use the laptops and any other technology responsibly. If your laptop or your other technology is not working, please report it to your mentors.
- 5) You will not be permitted to access material that may be deemed inappropriate (including downloading of pornography, movies or games).
- 6) Your work should be your original work (and not copied from on-line or from any other sources).
- 7) You will not be permitted to wander around Tufts University campus or premises outside of the area being reserved for Beantown Bash, unless authorized by Tufts volunteers.
- 8) Do not eat, drink, chewing gum while using the laptop and any other technology, unless specifically authorized. Please be respectful of Tufts' campus (don't make a mess or cause damages).
- 9) You must follow the instructions of the mentors/Tufts volunteers. Ask questions if you do not understand.
- 10) Report all incidents of harassment, assault or bullying immediately to the mentors/Tufts volunteers no matter how minor.
- 11) Do not smoke or use e-cigarettes or marijuana on Tufts campus and do not use any illegal substances. And you are required to follow Tufts' policies and guidelines applicable to visitors.
- 12) If asked to stop any behavior, you are expected to comply immediately.

Do your best and believe in yourself.

Thank you for helping make this a welcoming, friendly place for all.

I, _____ (student name) have read, understand, and agree to follow all the rules outlined in this contract. I agree to participate in all the activities and to take reasonable actions to ensure my own safety and that of my fellow attendees and mentors/volunteers. I agree to follow all the verbal and written instructions provided by the mentors/volunteers; I will ask questions if I do not understand the guidelines or instructions. I understand that if I violate the contract and / or misbehave, I will not be allowed to participate in the Beantown Bash and maybe asked to leave Tufts University premises.

Student Signature

Date

MINOR PARTICIPANTS

Dear Parent or Guardian,

To ensure a safe learning environment, we believe it is critical that parents / guardians are informed of the steps we are taking to maintain and enforce appropriate behavior. No student will be allowed to participate without a code of conduct contract signed by both the student and parent/guardian and is on file with the mentors/volunteers. Please read the requirements with your child; your signature on this contract indicates that you have reviewed the contract with your child and will instruct your child to uphold her/his agreement to follow the code of conduct rules and procedures for continued participation. I agree to be available to pick up my child at the end of the program or, if earlier, upon removal of my student from the Beantown Bash.

Parent/Guardian Signature

Date