ROCHESTER INSTITUTE OF TECHNOLOGY RELEASE AGREEMENT

ame of Participant (printed) Signature
a signing this Agreement, I acknowledge that I have read both sides of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I sign this Release Agreement with my Original Signature voluntarily and I am at least ghteen years of age. I understand for purposes of this Agreement, "Original Signature" means a copy of a signature that is exproduced or transmitted via email of a .pdf file, photocopy, facsimile, or other process of complete and accurate reproduction and cansmission. I also agree that this Agreement may be stored electronically and printed in paper format as an Original Signature if eeded.
is my express intent that this Agreement shall bind the members of my family and spouse (if any), my estate, heirs, administrators, ssigns or personal representatives. I agree that this Agreement and any claim arising from my participation in the Activity shall be construed in accordance with the laws of the State of New York, without regard to its conflict of laws provision. The courts in Monroe ounty shall be the forum for any lawsuits arising from the Activity or incident to this Agreement. The terms of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal or unenforceable, the validity of the remaining ortions shall not be affected thereby. I understand that this Agreement may be stored and reproduced electronically.
Emergency Medical Treatment. I grant the Releasees permission to authorize emergency medical treatment as they deem oppropriate, and agree that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the eleasees assume no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency redical treatment.
Warranty of Physical Fitness. I warrant that I am physically fit and in a condition that will allow me to participate fully in the ctivity. I maintain medical insurance that covers me for accidents and illnesses while I am participating in this Activity. I understand be Releasees have not made, nor will make, any investigation into my physical fitness or ability to participate in the Activity and eleasees are relying on my warranty of my physical condition. I assume full responsibility for payment of medical expenses not overed by this insurance incurred as a result of my participation in the Activity.
Indemnification. I agree to indemnify and hold harmless the Releasees from and against any loss, liability, damage or costs, acluding court costs and attorneys' fees, that Releasees may incur arising from my involvement in the Activity, excepting those claims rising from the gross negligence or wilful misconduct of the Releasees.
Liability Release. In consideration for RIT allowing me to participate in the Activity, I agree I will not sue the Releasees and I clease the Releasees from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature thatsoever arising out of any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me, rising from the Activity or while upon the premises where the Activity is being conducted, excepting those claims arising from the ross negligence or wilful misconduct of the Releasees.
Assumption of Risk. I understand that participating in the Activity entails inherent risks including, but not limited to, the risks escribed in this Activity Detail Form on the reverse side of this Release Agreement. I have been given the chance to ask questions oncerning this Activity Detail Form and all such questions have been answered to my satisfaction. Having read this form, I am fully ware of the risks and hazards associated with the Activity, and hereby elect to voluntarily participate in the Activity. I voluntarily issume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me as a esult of participating in the Activity, unless caused by the gross negligence or wilful misconduct of RIT, its officers, trustees, agents, imployees or volunteers (the "Releasees").
, wish to participate in the <u>Brick Hack</u> (the "Activity") at Rochester Institute of echnology ("RIT"). As a precondition to participating in the Activity, I have read the following Release Agreement (the Agreement") and agree to its terms.

Date

ACTIVITY DETAIL FORM

Name of Activity: Brick Hack

Date(s) of Activity: April 18, 2015 thru April 19, 2015

Location of Activity: Rochester Institute of Technology (Golisano College building 70)

Description of Activity: Hack - a- thon (overnight)

By participating in these activities you may be exposed to several inherent risks, including by not limited to those listed below:

I understand that participating in this activity can be dangerous involving many risks of injury, including but not limited to serious injury to bones, joints, ligaments, internal organs as well as the risk of death or serious disability. Any of these injuries may lead to a permanent impairment to engage in the business, social and recreational activities I generally enjoy in life. Because of the dangers of participating in this activity, I warrant that I am knowledgeable in the use of protective equipment and rules of the activity, and agree to abide by such use of protective equipment and rules. I am fully aware of the risks and hazards associated with the activity, and hereby elect to voluntarily participate in this activity.

In our effort to conduct a safe event, we request that you conduct your participation with the safety of yourself and others in mind.

Please read and sign the Release Agreement on the reverse side of this form.

Event Information

- RIT is not responsible for lost or stolen items.
- CodeRIT will provide limited transportation (charter bus specific location pick-up & drop-offs only)
- At all times participants are responsible for their own safety; recommended to travel in groups, not alone!
- Participants are expected to carry medical ID cards with them at all times;
 - being aware of how to use them in case of an emergency
- All incidents involving bodily injury, Notify The college Dean's Office to report the details. In case of serious injury/illness, that
- notification should be immediate. During the weekend, you can notify RIT Public Safety directly at (585) 475-3333
- Alcohol Consumption; IS NOT permitted during event
- RIT's network will be OFF-LIMITS to any projects involving security during this event
- You agree to allow video and/or your image (photographs) by RIT, Brick Hack, & Major league Hacking (HML); for any purpose
- including, but not limited to, marketing.
- This is a Major League Hacking (MLH) sanctioned event and their code of conduct will also apply

http://static.mlh.io/docs/mlh-code-of-conduct.pdf