***FIRST*** **Team 2059 The Hitchhikers**

**2014-2015 CONSENT, RELEASE, HOLD HARMLESS, AND PERMISSION FORM**

This consent and release form is for the Hitchhikers Robotics Group, Inc. (HRG) and any FRC, FTC, or FLL teams under its direction or affiliation and any individual, student, team member, mentor, coach, teacher, or volunteer involved in a HRG event. This includes but is not limited to staff and students of Athens Drive and Green Hope high School.

**Meeting Commitment:**

By signing below, I acknowledge my son/daughter has my permission to participate and attend meetings held, unless otherwise notified, at 2990 Optimist Farm Rd, Apex, NC 27539. During the pre-season (September through December) general team meetings will be on a scheduled day and other times depending on what your sub-team requires. During the build season (January through March) meetings are scheduled throughout the week in the evenings and weekends depending on the needs of the team.

**Permission to Ride**

Throughout the pre-season and build season, The Hitchhikers Team will have team meetings, events outside of the Build room, and competitions. At times, it may require your student to have an alternate mode of transportation to be present at one of these events. Please check below ALL THAT APPLY:

\_\_\_\_\_\_I will NOT allow my student to ride with a mentor or other student.

\_\_\_\_\_\_I will allow my student to ride with a mentor.

\_\_\_\_\_\_I will allow my student to ride with another student. List all or specify:

**Media Permissions**

The Hitchhikers Team and its sponsors, may use photographs, videos, or other media publications to promote the team throughout the season. These publications may be used on the team website, newsletters, presentations, or any other form of publication created by The Hitchhikers Team and its sponsors. They may also be used by the news media providing coverage of the team aired on the television, print media or internet. Please check one:

\_\_\_\_\_\_I give permission to The Hitchhikers Team, its sponsors, and news media to take photographs, videos (or to be included in presentations) of my student. Further, I authorize their use without inspecting or approving the finished media product.

\_\_\_\_\_\_No, I do not give permission for my student to participate in any presentations by The Hitchhikers, its sponsors, or news media. I also do not allow for photographs or videos to be taken.

By signing below you acknowledge that the answers you gave to each section above will apply to your child throughout their participation on this FIRST Team. If at any time you change your mind, please complete a new form.

**Release**

There are risks inherent in participating in HRGEvents, 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 an Event, I hereby assume those risks. Except to the extent due to the gross negligence or willful misconduct of HRG, 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 HRGarising in connection with my participation in any HRGEvent, presentations by the Team 2059 at any time during the year and/or arising from unofficial *FIRST* programs and events offered by others. I hold harmless HRG, against any and all claims resulting from such participation, including, without limitation, bodily injury, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever.

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

Under 18 (Y/N) \_\_\_\_

Participant Name [Printed] Participant Signature Date

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 (minor’s name), in which case "I", "me" and "my" as used herein shall refer to said minor.

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# Parent or Guardian Name [Printed] Parent or Legal Guardian Signature Date

# 2014 – 2015 Medical Release Information

Participant Name:

Medical Insurance:

Company:

Policy Holder Name:

Policy #:

Group #:

Physician Name:

Phone:

Is this participant taking ANY medications?

If yes, for what conditions:

Any allergies:

Does this participant have any health problems that we need to be aware of?

**Permission to dispense Over-the-Counter Medications**

I hereby grant permission to team mentors and adult chaperones to provide the following over-the-counter medicine to my son/daughter. Please check all that apply. Note: Category of medicine and example are listed, although a different brand may be used.

Ibuprofen (Advil) Antihistamine/Decongestant (Benadryl)

Antacids (Tums) Acetaminophen (Tylenol)

Antibacterial Cream (Neosporin) Other (specify)

**In Case of EMERGENCY CONTACT:**

Name:

Relationship to Participant:

Phone:

I hereby grant permission to provide emergency care to my son or daughter, including transporting my child to the emergency room, if needed.

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Parent Signature Date