

WAIVER AND INDEMNITY (Minor)
hackEDU Hack Camp

I hereby give permission for my child, _____ (the "Minor"), to travel to and participate in Hack Camp to be held in San Francisco, California, from July 13th to July 24th, 2015 ("Hack Camp"), hosted by hackEDU. I am the parent or legal guardian of the Minor, and I understand and agree to all of the following. I understand that hackEDU is not in the business of hosting minors, and will not permit my child to participate in Hack Camp if I do not sign this Waiver and Indemnity, because the possibility of liability for hackEDU is too great for it to accept.

Accordingly, I agree that I release, and will not bring any legal action of any nature whatsoever, against hackEDU or any of their owners, agents, employees or representatives (the "Released Parties") in connection with Hack Camp, including, without limitation, any and all claims which may be based upon negligence by hackEDU. Furthermore, I agree to indemnify, defend and hold hackEDU and its agents, employees and representatives harmless from any loss, claim, expense (including attorneys' fees), demand or cause of action of any kind or character arising from the assertion by me, the named Minor, my family members, or any other person, firm, or corporation that may have, or claim to have, a claim or claims connected with the Minor's participation in Hack Camp or other programs hosted by hackEDU. This agreement shall be construed to be as comprehensive as is allowed by law, as severable, and the invalidity of any portion of which shall not affect the validity of any other provision.

I voluntarily assume full responsibility on behalf of the Minor for all risks of personal injury, death and property damage while participating in activities at hackEDU or sponsored by hackEDU at any location, including the risk of passive or active negligence on the part of hackEDU

I am signing this Waiver and Indemnity to induce hackEDU to allow the Minor to participate in Hack Camp, as described above, for my convenience. I understand this Waiver and Indemnity and would not sign it if I did not.

Dated: _____

Signature

Printed Name

2015 Hack Camp Health Form

This form must be completed and signed by the participant's parent or legal guardian.
The information we ask you to provide is necessary in the event your child needs medical treatment while the program is in session.

PARTICIPANT INFORMATION

Participant's Name _____ DOB _____

Permanent Address _____

City/State/Zip _____ Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

Primary contact first: _____ Secondary contact (relative or friend): _____

Name _____ Name _____

Relation _____ Relation _____

Daytime Phone _____ Daytime Phone _____

Evening Phone _____ Evening Phone _____

INSURANCE POLICY INFORMATION

The above-named child is covered by health insurance: Yes No

If yes, provide the following information which is required by hackEDU to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____

Address _____ Relation _____

City/State/Zip _____ Occupation _____

P.H.'s Employer _____

Employer's Address _____

Insurance Company _____

Insurance Company's Address _____

Policy # _____

Plan # _____

MEDICAL TREATMENT CONSENT

I, the legal guardian of the above-named participant, authorize the hackEDU staff to seek medical treatment for my child as they see necessary at a nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the participant's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the hackEDU program staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named participant. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the hackEDU program staff will make a good faith effort to contact me, or the above-named person(s), before seeking treatment. If this is not possible, I understand that the hackEDU program staff will notify me or my designee as soon as possible of any and all diagnoses and treatments.

Legal Guardian's Signature Print Name

Date

Directions: Completion of this form by a parent or guardian is required before a student can participate. Please answer all questions. Please type or print in black ink. Attach any specific recommendations from your physician to this form.

DOES THE PARTICIPANT CURRENTLY HAVE ANY OF THE FOLLOWING?

(if yes, please describe)

Drug allergies: _____

Food allergies: _____

Special dietary needs: _____

Asthma: _____

Frequent headaches: _____

Dizziness or seizures: _____

LIST: Other health problems:

Limitations of Activities:

Medications the participant is currently taking:

(Please note: Our staff cannot administer any medications, prescription or non-prescription to participants. This includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the participant will need to take medications while attending our program, he must bring the medication to Hack Camp and assume responsibility for taking it as needed or indicated.)

Will your daughter or son require any specific treatment for a medical/emotional condition while participating in our program? If yes, please explain.

Yes No

MEDIA RELEASE

I hereby give my consent to all photographs, audio recordings, work, and/or video recordings taken of me by hackEDU during Hack Camp. I understand that any such photographs, audio recordings, work, and/or video recordings become the property of the organization and may be used by the organization or others with their consent, for educational, instructional, or promotional purposes determined by the organization in broadcast and electronic media formats now existing or in the future created.

____ Yes, I give my consent.

Participant's Name:

Participant's Signature:

_____ Date: _____

Parent's Name:

Parent's Signature:

_____ Date: _____