Santa Clara University Informed Consent/Assumption of Risk Participation in a University-Sponsored Program/Activity

This form is due prior to participation in any program or activity sponsored by the student organization listed below. **IMPORTANT NOTE:** Only a parent or legal guardian of the minor (child) listed below is authorized to sign this form.

Name of Santa Clara University (SCU) Program/Activity: Local Hack Day Date of Program/Activity: December 6th, 2014 Location of Program/Activity: Williman Room Name of Sponsoring SCU Student Organization: (ACM) Association for Computing Machinery Full Legal Name of My Child/Legal Ward: Your Full Legal Name: 1. Acknowledgments. In consideration of participation in this Program/Activity, I agree and affirm: That I am the parent or legal guardian of the child/legal ward listed above. a) To indemnify, defend, and hold harmless Santa Clara University and its trustees, officers, employees, agents, successors, and assigns, from any and all claims, liabilities, and costs asserted by or on behalf of my child/legal ward or any of my child/legal ward's legal representatives, heirs, successors, and assigns, relating to or arising from my child/legal ward's participation in this Program/Activity, including and without limitation to my child/legal ward's injury, illness, and death. That I understand that serious injuries may occur during participation in this Program/Activity and that participants in c) activities associated with this Program/Activity occasionally sustain fatal or serious personal injuries, property damage, or severe social and/or economic loss as a consequence of not only their own actions, inactions, or negligence, but the actions, inactions, or negligence of others. There may also be other risks not known to me or not foreseeable at this time. I accept full responsibility for the foregoing risk of injury, permanent disability, or death. That I have read this informed consent and assumption of risk document and understand its terms. That I execute this agreement voluntarily with full knowledge of its significance. e) Signature of Parent/Legal Guardian Print Name Date

Print Name

Date

Signature of Center for Student Leadership