



COLOSSUS 2.0

National- Level 24' Hour Hackathon

CONSENT FORM

Participant Information:

Name: HIMANSHU RAI
College/University: DAYANANDA SAGAR COLLEGE OF ENGINEERING
Blood Group: AB+
Contact Number: 8073704524
Email: himanshur.1007@gmail.com

Team Name: LGTM

Parent/Guardian Information:

Name: SATYENDRA KUMAR
Contact Number: 9886069854
Email: ksatyendra7525@yahoo.com


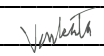

Mentor/Guide Information:

Name: VENKATA MANISH GOPAL
Contact Number: -
Email: -

Consent:

I, the undersigned, hereby authorize my ward/student to take part in **COLOSSUS HACKATHON**, an overnight 24-hour hackathon scheduled to take place on 11th & 12th April, 2025 at Dr. Ambedkar Institute Technology, Bengaluru-560056. I understand the nature of the event and acknowledge that the responsibility for the participant's safety and conduct during the hackathon rests with the participant. I have received information regarding the event, including the reporting time at 8:00 AM on 11th April 2025 till the concluding session at 4:00 pm on 12th April at Dr.AIT.

Signature:

Parent/Guardian: 
Date: 10/04/25
Mentor/Guide: 
Date: 10/04/25
Student: 
Date: 10/04/25
Place: bengaluru