**Hack River Dell 2018**

**CONTACT & EMERGENCY**

**Section I: Participant Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II: Parent/Guardian Information:**

**Parent/Guardian 1:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please write “Same” if the address is the same as the participant’s)*

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian 2:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please write “Same” if the address is the same as the participant’s)*

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III: Emergency Contacts:**

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical information**

Please list any medical needs, special instructions, allergies, physical limitations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all medication that the participant will bring to the event. Also write times of administration, doses, the name of the medication, etc. Please leave this section blank if not applicable.

|  |  |  |
| --- | --- | --- |
| Name of Medication | Time of Administration | Dose |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Early Dismissal and Late Arrival**

For security reasons, all minors who wish to leave the event before the event ends must be signed out by an authorized adult. This does not apply for participants who are legally adults (i.e. age 18 or older), so skip this section if you are 18 or older.

**Parents/Guardians and emergency contacts are already authorized.** If you would like additional adults tosign your child out of Hack River Dell, please list them below. Please consider all possible persons who may need to sign your child out, including other parents. If no additional authorized adults are needed, write “None” on the first line.

**All authorized adults must have state photo ID to sign out the child out of the event.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assumption of Risk, Release of Liability, Photo Release and Consent to Medical Attention**

The Hack River Dell Staff (“Staff”) is proud to present Hack River Dell 2018 (“Hackathon”). The Hackathon is governed by this Hackathon Participation Agreement (“Agreement”). By entering the Hackathon, you (“Participant”) agree to abide by the Agreement which is a binding legal agreement between Participant and Staff with respect to the Hackathon.

**Teams**

Teams may contain no more than 5 participants to be eligible for prizes. Teams with more than 5 participants will not be able to receive any prizes from the Hackathon.

**Submissions**

All submissions must be original to the Participant(s). All submissions must be started on November 17th, 2018 at 10:00 AM and submitted by November 18th, 2018 at 10:00 AM. Any submission found violating these terms will be disqualified by the Staff.

**Prizes**

Any team that has more than 5 Participants are ineligible for prizes. Teams with more than 3 Participants and less than or equal to 5 Participants will have their prizes mailed to them no more than a month after the event.

**Publicity and Privacy**

Participant understands that the Hackathon may be photographed, videotaped, recorded, etc. and hereby grants Staff and other associated personnel approved by Staff the right to use or refrain from using Participant’s name and/or likeness any and all footage about Participant’s participation in the Hackathon and Participant’s Hackathon submission in any manner or media that Hack River Dell sees fit, without Participant’s review or approval and without compensation. By participating in the Hackathon, Participants agree that their personal data provided as part of the Hackathon may be used for the purposes of the Hackathon.

**Liability Release and Indemnity**

UNDER NO CIRCUMSTANCES WILL HACK RIVER DELL AND STAFF BE LIABLE FOR ANY DIRECT, INCIDENTAL, INDIRECT, SPECIAL OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH, ARISING OUT OF OR RELATING IN ANY WAY TO THE HACKATHON AND/OR THIS AGREEMENT. Participant shall indemnify and hold Hack River Dell and its volunteers, Staff, custodians, successors, guests, and teachers and assigns harmless against any claims, losses, damages, liabilities and expenses (including reasonable attorneys’ and other professionals’ fees) incurred by Hack River Dell in connection with, arising out of or relating in any way to the Hackathon and/or this Agreement.

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

I have read this waiver, release of liability, photo release, consent, and Hack River Dell Code of Conduct and I am signing it voluntarily.

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

If Hack River Dell Participant is under 18, a parent/guardian signature is required.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read this waiver, release of liability, photo release, consent, and Hack River Dell Code of Conduct and I am signing it voluntarily. I give permission for my child to be treated by the appropriate medical personnel for any illness/accident while at the Activity.

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

**Emergency Contact Information**

A contact phone number where individual(s) can be reached, regardless of the time of day must be provided, in case of emergency.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number that I can be reached at including area code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate any special medical problems (medicine, injury, allergies) of which we should be aware:

This form must be submitted and returned to Hack River Dell prior to the beginning of the Hackathon. If completing in-person, please provide completed and signed document to the registration desk.