

Participant's Signature

Date

(or Parent/Guardian Signature if participant is under 18)

Student Centers & Involvement Student Activities Center 613 George St New Brunswick, NJ 08901 http://involvement.rutgers.edu http://student centers.rutgers.edu

osi@echo.rutgers.edu

INFORMED CONSENT WAIVER for HACKRU

I will be particina	ting in HackRU hosted by Rutgers Undergraduate Student Alliance
of Computer Scientists at the College Avenue Student Center on October 14-15, 2017. I recognize and acknowledge the following:	
In full awareness of the above and in consideration of my participation in this cinjury or property damage against Rutgers, The State University, its officers, agmembers or which may hereafter accrue to me as a result of my participation in University, its officers, agents and employees from any claim or loss for death, activities in the course of my participation in this HackRU event. Furthermore, intended to be all-inclusive and voluntarily accepts all risks known or unknown	gents and employees, HackRU, its officers, agents, activity coordinators, in the event. I agree to indemnify and hold harmless Rutgers, The State bodily injury or property damage arising in any manner out of my presence or the undersigned student acknowledges that the risks outlined above are not
It is further understood and agreed that this waiver, release, indemnity and as:	sumption of risk is to be binding on my heirs and assigns.
Participant's Name (Print)	RUID # (if Rutgers student, N/A if not)

Emergency Contact Name

Emergency Contact Phone Number