HackaKhan: Informed Consent and Liability Waiver

Participant information		
Full Name:	DOB:/_	/ Age:
Home Address:		
School Name:		
Parent/Legal Guardian Persona	l Information	
Name:	Relationship:	
Phone Number (xxx-xxx-xxxx):		
Additional Emergency Contact		
<i>5</i>	Relationship:	
Phone Number (xxx-xxx-xxxx):		
hackathon. I acknowledge that HackaKhan res	by all rules, guidelines, and instructions provided by Harves the right to disqualify any participant who fails to athon. This portion is required to participate in Hack (Parent/Guardian's Signature)	comply with these rules or engages in any
(Print Participant's Name)	(Participant's Signature)	(Date)
those acting on behalf of HackaKhan and Khan including the right to display, reproduce, distrimedia shared with the public including but not promotional materials. I waive any right that I HackaKhan or Khan Lab School for the above I hereby release, acquit and forever discharge laction, and damages arising from the use of my to participate in HackaKhan.	HackaKhan and Khan Lab School of and from any and y child's photographs, audio, or video recordings as ind	nterviews, audio or video recordings, and educational purposes in all forms of e, social media channels, television, or other lio or video recordings prior to its use by all claims, liabilities, demands, causes of icated above. This portion is not required
(Print Parent/Guardian's Name)	(Parent/Guardian's Signature)	(Date)