Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, by ( your name ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in favor of The Hephaestus Hand. I have permitted The Hephaestus Hand team to meet on its premises for the purpose of planning, testing, and construction a robot.

The individual desires to engage in activities related to The Hephaestus Hand and hereby freely and voluntarily, without duress, executes this Release under the following terms:

1. Waiver and Release. I release and forever discharge and hold harmless The Hephaestus Hand and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my activities regarding the testing of The Hephaestus Hand. I understand and acknowledge that this Release discharges The Hephaestus Hand from any liability or claim that I may have with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation testing The Hephaestus Hand. It is also understood that The Hephaestus Hand team does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage. 2. Insurance. I understand that I expressly waive any such claim for compensation or liability on the part of The Hephaestus Hand beyond what may be offered freely by The Hephaestus Hand in the event of such injury or medical expense. 3. Medical Treatment. I hereby release and forever discharge The Hephaestus Hand from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with any emergency. 4. Assumption of Risk. I understand that The Hephaestus Hand’s activities may include activities that may be hazardous to me including, but not limited to mechanical and electrical activities, and testing robots. I hereby expressly assume the risk of injury or harm in these activities and release The Hephaestus Hand from all liability for injury, illness, death or property damage resulting from the testing of The Hephaestus Hand. I will comply will all safety rules and instruction. 5. Photographic Release. I grant and convey unto The Hephaestus Hand all right, title, and interest in any and all photographic images and video or audio recordings made during my testing of The Hephaestus Hand. 6. Other. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New York in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of New York. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

Agreed to on the above date:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If 16 or 17 years of age (minor), this Release and Waiver of Liability must be signed by a parent or guardian. Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_