ROCHESTER INSTITUTE OF TECHNOLOGY RELEASE AGREEMENT CONCERNING MINOR CHILD

As the parent and/or legal guardian ofin theRIT WiCHacks	(the "Participan	(the "Participant"), I give permission for him/her to participate (the "Activity") at Rochester	
Institute of Technology ("RIT"). As a precondit Agreement (the "Agreement") and agree to its ter		he Activity, I have read the following Release	
1. <u>Assumption of Risk.</u> I understand that particular described in the Activity Detail Form on the reversal provided by independent third parties, such as trathese Providers are not agents of, or represented of these third party Providers. I have been given have been answered to my satisfaction. Having reassociated with the Activity, and hereby consents for any risks of loss, property damage or personal Participant's involvement in the Activity, unless the employees or volunteers (the "Releasees").	rse side of this Release Agreement. I a insportation companies, park operators, by RIT, and RIT is not liable for the neather the chance to ask questions concerning ead this form, both the Participant and I to the Participant's involvement in the Al injury, including death, that I and/or the	acknowledge that some of the Activity may be family entertainment providers ("Providers"). gligent or otherwise wrongful acts or omissions this Activity Detail Form and all such questions am fully aware of the risks and hazards activity. I voluntarily assume full responsibility to Participant sustain arising from the	
2. <u>Liability Release</u> . In consideration for RIT all the Releasees and release the Releasees from any any nature whatsoever which I and/or the Particip sustained by me and/or the Participant, or to any premises where the Activity is being conducted, a Releasees.	and all liabilities, claims, demands, act pant may have arising out of any loss, da property belonging to me or the Particip	ions, causes of actions, costs and expenses of image, or injury, including death, that may be bant, arising from the Activity or while upon the	
3. Indemnification. I agree to indemnify and hol court costs and attorneys' fees, that Releasees ma claims arising from the gross negligence or wilful	y incur arising from the Participant's in		
4. Warranty of Physical Fitness. Both the Partic him/her to participate fully in the Activity. We a Participant's physical fitness or ability of the Participanting Participant's physical condition. I may participating in this Activity. I assume full responsesult of the Participant's involvement in the Activity.	understand the Releasees have not made ticipant to participate in the Activity, an aintain medical insurance that covers the nsibility for payment of medical expens	, nor will make, any investigation into the d Releasees are relying on my warranty e Participant for accidents and illnesses while	
5. Emergency Medical Treatment. I grant the Rothey deem appropriate, and agree that such action agree that the Releasees assume no responsibility authorized emergency medical treatment.	by the Releasees shall be subject to the	e terms of this Agreement. I understand and	
It is my express intent that this Agreement shall be administrators, assigns or personal representative shall be construed in accordance with the laws of Monroe County shall be the forum for any lawsui shall be severable, such that if a court of compete remaining portions shall not be affected thereby.	s. I agree that this Agreement and any of the State of New York, without regard its arising from the Activity or incident	claim arising from participation in the Activity to its conflict of laws provision. The courts in this Agreement. The terms of this Agreement	
In signing this Agreement, I acknowledge that I hound by its terms. I further acknowledge that I voluntarily.			
Name of Parent or Guardian (printed)	Signature	Date	
Name of Participant (printed)	Signature	Date	

ACTIVITY DETAIL FORM

Name of Activity: WiCHacks 2016
Date(s) of Activity: February 27-28, 2016
Location of Activity: RIT, Golisano College of Computing and Information Sciences, Lomb Memorial Dr. Rochester NY 14623
Description of Activity: WiCHacks is a collaborative programming event in which participants create an app, website, game, or other piece of software over the course of the event. Hackathon participants can be female college (including non-RIT) or high school students who are at least 16 years of age. This event is open to women of all skill levels : those who haven't programmed at all, women who have done some programming, and the best women programmers out there. It will be a great day to learn, invent, and create the future. Don't have a team in mind? No worries RIT Women in Computing will be hosting a series of events (including one on the morning of the event) to facilitate team formation. All meals (breakfast, lunch, dinner, and snacks) will be provided, and participation is free.
New to programming? Join our Newbie Track! The Newbie Track runs right along with the hackathon and teaches basic programming skills to those who have little to no programming experience.
By participating in these activities you may be exposed to several inherent risks, including but not limited to those listed below:
I understand that participating in this activity can be dangerous involving many risks of injury, including but not limited to serious injury to bones, joints, ligaments, internal organs as well as the risk of death or serious disability. Any of these injuries may lead to a permanent impairment to engage in the business, social and recreational activities I generally enjoy in life. Because of the dangers of participating in this activity, I warrant that I am knowledgeable in the use of protective equipment and rules of the activity, and agree to abide by such use of protective equipment and rules. I am fully aware of the risks and hazards associated with the activity, and hereby elect to voluntarily participate in this activity.
In our effort to conduct a safe event, we request that you conduct your participation with the safety of yourself and others in mind.
Please read and sign the Release Agreement on the reverse side of this form.
REQUIRED INFORMATION
Participant Phone #:
Parent/Guardian Phone #:
Emergency Contact Phone #:
Transportation Contact Info:
Name of person dropping you off:
Name of person picking you up:

Their Contact phone #: _____