

ROCHESTER INSTITUTE OF TECHNOLOGY
RELEASE AGREEMENT

I, _____, wish to participate in **WiCHacks** (the "Activity") at the Rochester Institute of Technology ("RIT"). As a precondition to participating in the Activity, I have read the following Release Agreement (the "Agreement") and agree to its terms.

1. Assumption of Risk. I understand that participating in the Activity entails inherent risks including, but not limited to, the risks described in this Activity Detail Form attached to this Release Agreement. I have attended the pre-Activity orientation session that further described details about this trip as well as my personal safety responsibility. I have been given the chance to ask questions concerning this Activity and all such questions have been answered to my satisfaction. I acknowledge that much of what I experience on the Activity will be provided to me by independent third parties, such as transportation companies, hotels, restaurants, tour operators, and other providers of goods and services ("Providers"). These Providers are not agents of, or represented by RIT, and RIT is not liable for the negligent or otherwise wrongful acts or omissions of these third party Providers. Having read this form, I am fully aware of the risks and hazards associated with the Activity, and hereby elect to voluntarily participate in the Activity. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me as a result of participating in the Activity, unless caused by the gross negligence or willful misconduct of RIT, its officers, trustees, agents, employees or volunteers (the "Releasees").

2. Liability Release. In consideration for RIT allowing me to participate in the Activity, I agree I will not sue the Releasees and I release the Releasees from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me, arising from the Activity or while upon the premises where the Activity is being conducted, excepting those claims arising from the gross negligence or willful misconduct of the Releasees.

3. Indemnification. I agree to indemnify and hold harmless the Releasees from and against any loss, liability, damage or costs, including court costs and attorneys' fees, that Releasees may incur arising from my involvement in the Activity, excepting those claims arising from the gross negligence or wilful misconduct of the Releasees.

4. Warranty of Physical Fitness. I warrant that I am physically fit and in a condition that will allow me to participate fully in the Activity. I maintain medical insurance that covers me for accidents and illnesses while I am participating in this Activity. I understand the Releasees have not made, nor will make, any investigation into my physical fitness or ability to participate in the Activity and Releasees are relying on my warranty of my physical condition. I assume full responsibility for payment of medical expenses not covered by this insurance, as well as any resulting consequential expense related to a medical situation incurred during or as a result of my participation in the Activity.

5. Emergency Medical Treatment. I grant the Releasees permission to authorize emergency medical treatment as they deem appropriate, and agree that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

It is my express intent that this Agreement shall bind the members of my family and spouse (if any), my estate, heirs, administrators, assigns or personal representatives. I agree that this Agreement and any claim arising from my participation in the Activity shall be construed in accordance with the laws of the State of New York, without regard to its conflict of laws provision. The courts in Monroe County shall be the forum for any lawsuits arising from the Activity or incidental to this Agreement. The terms of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal or unenforceable, the validity of the remaining portions shall not be affected thereby.

In signing this Agreement, I acknowledge that I have read both this Release Agreement and the Activity Details Form, understand them both, and agree to be bound by their terms. I further acknowledge that I sign this Release Agreement voluntarily and I am at least eighteen years of age.

Name of Participant (printed)

Signature

Date

ACTIVITY DETAIL FORM

Name of Activity: WiCHacks

Date(s) of Activity: February 10th, 2018 thru February 11th, 2018

Location of Activity: Rochester Institute of Technology

Other:

Description of Activity: Hackathon (overnight)

By participating in these activities you may be exposed to several inherent risks, including by 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.

IMPORTANT EVENT INFORMATION:

- RIT is NOT responsible for lost or stolen items
- WiCHacks will provide limited transportation (charter bus – specific pick-up/drop-offs only)
- At all times participants are responsible for their own safety and it is recommended that you travel in groups and not alone.
- Participants are expected to carry medical ID cards with them at all times and be aware of how to use it in case of emergency.
- All incidents involving bodily injury you must notify the Director of Women in Computing from the Golisano College of Computing to report the details. During the weekend you must notify RIT Public Safety; directly at 585-475-3333.
- Alcohol consumption IS NOT permitted during the event.
- RIT's network will be OFF-LIMITS to any project involving security during this event.