

Participant Acknowledgment of Risk and Release of Liability

In consideration of the services of the **Curators of the University of Missouri** on behalf of Missouri University of Science and Technology, its agents, officers, employees and all other persons or entities acting in any capacity on its behalf and including its student officers and members of Missouri S&T recognized student organization, Association of Computing Machinery (ACM) (hereinafter referred to as Missouri S&T). I hereby agree to release and discharge Missouri S&T, on behalf of myself, my heirs, assigns, personal representative and estate as follows:

1. I understand and acknowledge that the activity (program) I am about to voluntarily engage in bears certain known and unanticipated risks which could result in injury, death, illness, disease, emotional or physical distress, damage to myself, property or to third parties.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity (program). My participation in this activity is purely voluntary. No one is forcing me to participate, and I elect to participate in spite of the risks.
3. I waive my right to make a claim or file a lawsuit against Missouri S&T if anyone is hurt or any property is damaged during my participation in and travel to and from this activity (program).
4. I certify that I have health, accident and liability insurance to cover any bodily injury or property damage I may cause or suffer while participating in this activity (program), or else I agree to bear the costs of such injury or damage to myself.
5. I understand that Missouri S&T may photograph, film, and/or record ("Medium") my participation in this activity (program). I authorize Missouri S&T to use Medium and my likeness in conjunction with any Missouri S&T marketing and/or promotional materials, including, but not limited to, social media accounts. I understand that I will not be compensated in any way for such use.

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Missouri S&T from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity (program).

I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

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My signature below indicates that I have had sufficient opportunity to read this entire document, that I have read it, and that I understand how it affects my legal rights. I agree to be bound by its terms.

Signature of Participant: _____ Date: _____

Print Name: _____

If participant is less than 18 years of age:

I hereby declare that I am the parent or legal guardian of the named participant and I consent to the participant's participation in this program. In the event of sudden illness, accident, or injury which may occur while my child or ward is engaged in this activity (program), when neither the parents nor guardians can be contacted, I hereby give my consent for emergency medical treatment as necessary under the circumstances to any medical care provider licensed under the laws of the State of Missouri.

Signature of Parent: _____ Date: _____

Print Name: _____ Phone: _____