Liberty Robotics Waiver and Release Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  
Participant Name Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent Name  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Home Phone Alternate Phone Parent Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Street Address City State

I understand that participation on the Liberty Robotics Team is voluntary and that the activity carries some physics risk. I agree to assume the risk of any illness, injury or damage to myself or personal property resulting from my participation in this activity. I hereby release and discharge Liberty Public Schools and their respective officers, directors, employees and agents from all liabilities, claims, demands, controversies, damages, actions and causes of action, which result from or arise out of the participation by me in this activity.

I hereby release Liberty Public Schools and their respective officers, directors, employees and agents generally from all claims, including but not limited to claims for bodily injury, death or property damage arising from my participation on the Liberty Robotics team and the use of Liberty Public Schools by me. I assume responsibility for all liability in connection with such claims and agree to indemnify Liberty Public Schools and Liberty Robotics against any such claims and related costs, included claims by any minor which may be brought after attaining majority.

I hereby represent and warrant by my signature, that I am 18 years of age or I am the legal parent or guardian of the participant listed above. I have read and fully understand and accept each of the above conditions for participation in this activity.

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Signature of Participant (if over 18 years) Date

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Signature of Parent/Guardian Date