

Please email completed forms to dc@gopilot.org, with your name in the subject

OVERNIGHT PARTICIPANT AGREEMENT

I, _____ (student's name), will be
participating in the Pilot event on _____ (date).

As a condition of my participation in this program, I agree to and understand the following:

- I will abide by the rules and regulations of the program as explained to me by the program coordinator.
- I will treat each person in the program with respect and courtesy.
- I will respect the property and act responsibly on campus.
- I understand that possession, use, consumption, or sale of alcohol or any drug (including cigarettes, but not including prescribed medication if used as prescribed) is strictly prohibited.
- I understand the possession, use, handling, or sale of any type of weapon is strictly prohibited.

I have carefully read and understand this agreement. I have had the opportunity to ask any questions I may have about the program and the rules I am hereby agreeing to follow. I understand that if I fail to abide by any of the conditions in this agreement, I may be dismissed from the program immediately, my high school may be notified of my behavior, and I may be subject to appropriate disciplinary action.

Student Name: _____

Date: _____

PARENT OR GUARDIAN PERMISSION

I have carefully read and understand the Overnight Participant Agreement. I hereby give permission for my son/daughter to participate in the Pilot event and agree to release, indemnify, and hold harmless GoPilot from and against any claim which I or my son/daughter or any other person(s) may have for any losses damages or injuries arising out of or in connection with my child's participation in the program. It is agreed that my child's participation in the program is adequate consideration.

Parent or Guardian Signature: _____

Date: _____



Please email completed forms to dc@gopilot.org, with your name in the subject



PARENT/GUARDIAN WAIVER AND RELEASE FORM

(PLEASE READ CAREFULLY)

I agree to remise, release and forever discharge GoPilot, its successors, assigns, agents, officers, employees and students from and against all claims, demands, losses or damages of whatever kind that may result from my child's participation in the program. I also agree that GoPilot is not responsible for obtaining any health, accident, disability, or any form of insurance that may be required.

I further grant GoPilot the right to take, copyright and use, re-use, publish and republish (both in printed form and electronically) photographs of my child participating in **PilotDC**. I understand that information provided by my son/daughter/ward, including his/her name, photograph, and information about his/her GoPilot activities may be used by GoPilot and its partners to promote GoPilot and entrepreneurship/computer science education generally. I release and hold harmless GoPilot and GoPilot's agents and employees from any claims of infringement, invasion of privacy, defamation or misappropriation arising from the use of the information for the purposes provided herein.

I have read and understand the terms of this Waiver and Release and, by my signature below, affirm that I am signing this waiver and release voluntarily.

Participant Name _____

Parent/Legal Guardian Name _____

Parent/Legal Guardian Signature _____

Date Signed _____