

**PALY ROBOTICS SUMMER CAMP RELEASE OF LIABILITY, PROMISE NOT TO SUE,
ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS**

Activity: Paly Robotics Summer Camp

Date: August 3 - 7, 2015

Location: Palo Alto High School (50 Embarcadero Rd, Palo Alto, California 94303)

In consideration for being allowed to participate in this Activity, on behalf of my child, myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue Palo Alto Unified School District or Palo Alto High School Robotics, and their employees, officers, directors, volunteers and agents (collectively "Paly Robotics") from any and all claims, including claims of Paly Robotics' negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

My child is voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my child's participation in this Activity, including travel to, from and during the Activity.

I agree to hold Paly Robotics harmless from any and all claims, including attorney's fees or damage to my or my child's personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If Paly Robotics incurs any of these types of expenses, I agree to reimburse Paly Robotics. If my child needs medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance for my child.

Assuming Participant is under 18 years of age: I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the Paly Robotics from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made by me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Minor Participant's Name

Date

AUTHORIZATION FOR CONSENT TO MEDICAL TREATMENT

Any participant under the age of 18 years without a completed Consent to Medical Treatment form on file prior to the start of camp will not be able to participate in any camp activities. Paly Robotics and its staff are not responsible for any medical, dental or other expenses resulting from accidents.

I, the legal Parent/Guardian of _____, who is _____ years old, hereby authorize the Paly Robotics adult staff to consent to any diagnostic procedure (including x - rays), to the administration of any medical or surgical treatment, or to any hospital care when any, or all are rendered under the general supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act. My child is in good health and I know of no medical reason why he/she cannot participate in any camp activities.

This authorization is given in advance of any specific diagnosis, treatment or medical care being required, and pursuant to the provisions of Section 25.8 of the California Civil Code.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date