



hackMCST Event Waiver

CONTACT AND EMERGENCY/MEDICAL INFORMATION

Section I: Participant Information

Name (Print): _____ DOB: _____ Age: _____ Sex: _____

Home Address: _____

High School: _____

Cell Phone: _____ Email: _____

Section II: Parent/Guardian Information

Name (Print): _____ Relation to Participant: _____

Home Address ("same" if same as participant's): _____

Phone Number: _____ Email (optional): _____

Section III Emergency Contacts:

Contact 1 Name: _____

Relation to Participant: _____

Phone Number: _____

Contact 2 Name: _____

Relation to Participant: _____

Phone Number: _____

Section IV: Authorized Sign-Out

For security reasons, all minors who wish to leave the event before the event ends (10AM on December 10th, 2017) must be signed out by an authorized adult. This section does not apply to volunteers/mentors who are legally adults (18 years of age or older).

Parents/Guardians and emergency contacts are already authorized. If you would like additional adults to sign your child out of hackMCST, please list them below. Please consider ALL possible persons who may need to sign you child out, including other parents. If no additional authorized adults are needed, write "None" on the first line.

All authorized adults must have State photo ID to sign-out the child from the Event.

Name: _____ Relation to Participant: _____

Name: _____ Relation to Participant: _____

Name: _____ Relation to Participant: _____

Section V: Medical Information

Name of Participant's Physician: _____ Phone: _____

Preferred Hospital (if possible): _____

Physical limitations, allergies and/or special medical instructions:

*Please note that hackMCST event staff will not administer medications. If medication needs to be administered a parent/guardian will need to be present at the time to do so. If applicable, list medications above under special medical instructions. This information will be shared with emergency medical professionals in the event of an emergency.

Insurance Information

Insurance Co. _____

Group Number: _____

Policy Number: _____

Name of Insured Person: _____

Participant Relationship to Insured Person: _____

hackMCST Allocation of Risk / Waiver of Liability / Media Release

You (participant) have registered and intend on participating in hackMCST 2017 (henceforth known as "this event", "the Event" or hackMCST interchangeably) an event organized and run by the MCST Tech Club and the Academy for Computer and Information Science (henceforth known as "the organizers") and hosted by the Morris County School of Technology (henceforth referred to as "the school").

By signing this waiver, you declare that you understand the risks to yourself and your property associated with attending this event and you acknowledge them by attending. By signing, you assume all responsibility and risks of attending/volunteering at hackMCST. These risks and responsibilities include those as the result of negligence and carelessness on behalf of the persons or entities stated below, and/or by property owned/maintained by them or affiliated parties.

By signing, you agree to the following terms:

RELEASE AND INDEMNIFICATION: In exchange for an opportunity to participate in the event, I assume all risk and hereby release and further agree to indemnify and hold harmless hackMCST, its present and former affiliates, officers, directors, trustees, agents, sponsors, suppliers, employees, organizers, and event chaperon(s), and their respective governing boards, officers, directors, trustees, legal representatives, members, employees, volunteers, officials, agents, and suppliers (individually and collectively, the "Released Parties") from any and all claims, demands, suits, judgments, damages, actions, and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in conjunction with my participating in the Event, including any injury or harm to me, my death, or damage to my property and I agree to defend, indemnify, and save the Released Parties harmless from and against any and all such liabilities. I acknowledge that the Released Parties are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of hackMCST. I indemnify and hold harmless the Released Parties from and against any and all claims for injuries, accident, illness, or death, or any loss or damage to personal property arising out of, directly or indirectly, participation in the event and/or rendering or failure to render medical treatment, including claims based on any form of negligence on the part of the Released Parties. If any provision of this Release is void, all remaining provisions shall remain in full force and effect.

THE RELEASED PARTIES ARE NOT LIABLE FOR ANY CONSEQUENTIAL, PUNITIVE, SECONDARY, SPECULATIVE, SPECIAL OR INCIDENTAL DAMAGES. I acknowledge that I am responsible for respecting volunteers, participants, representatives, and officials of hackMCST and will conduct myself in a manner deemed appropriate by hackMCST officials and refrain from misconduct. I have read and acknowledge the MLH Code of Conduct, shared via the hackMCST website, and I will act in accordance. I acknowledge that The Morris County Vocational School District Internet Safety and Technology Policy (located on MCVTS website) will be observed and upheld. I acknowledge that the officials of hackMCST have the right to remove me from the event at any time for any reason at their discretion. All submissions to the Event remain the intellectual property of the individual or organizations that developed them. By registering, consenting to the terms of the Event, and entering a submission, however I agree that the Released Parties reserve an irrevocable, nonexclusive, royalty-free license to use, distribute to the public, and display publicly and perform a submission for a period of one year starting on the date of the announcement of contest winners (December 10, 2017) as an example of work.

I give hackMCST and the other Released Parties of its choosing permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, video recordings, audiotapes, and the like taken or made on behalf of hackMCST. I agree that hackMCST has complete ownership of such pictures, etc., including the entire

copyright, and may use them for any purpose deemed as appropriate by the organizers of hackMCST. These uses include, but are not limited to, reproductions, advertisements, promotional videos, educational materials, and illustrations in any medium now known or later developed including the internet. I release hackMCST and the Released Parties from any and all claims which arise out of or are in any way connected with such use.

I do hereby give my consent and authorization to the personnel of hackMCST to seek the services of doctors, hospital doctors, hospital and ambulances for my care, with the understanding that the financial costs incurred will be assumed and borne by me. I am unaware of any physical or medical limitations that would preclude me from attending this event except as may otherwise be noted herein.

I accept responsibility for ensuring that food supplied by the Released Parties is safe for my consumption. I have represented myself accurately in all information provided for hackMCST officials. I understand that the Released Parties are not liable for any loss, injury, or death to me, or damage to or loss of any personal property, including, but not limited to theft of my belongings.

To the best of my knowledge, the medical information provided to hackMCST is correct and complete and the person herein described has permission to engage in all prescribed activities except as otherwise noted herein.

MAJOR LEAGUE HACKING (MLH) DATA SHARING PROVISION: I agree to the terms of both the MLH Contest Terms and Conditions and the MLH Privacy Policy. Please note that you may receive pre and post-event informational emails and occasional messages about hackathons from MLH as per the MLH Privacy Policy.

EMERGENCY AUTHORIZATION: I hereby give permission to medical personnel selected by hackMCST's representative to order X-rays, routine tests, and treatment for me. In the event of an emergency and in the event that neither my primary contact nor my secondary contact can be reached, I hereby give permission to the physician selected by hackMCST's representative to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for me.

I further authorize the release of the above medical information to the appropriate medical personnel and/or Health Insurance Company. In addition, I hereby release, acquit, discharge, and covenant to hold harmless hackMCST and the Released Parties from any and all actions, damages, and/or liabilities arising from treatment of any sickness or accident incurred by me.

I understand that if I do not have medical insurance, I will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in participating in recreational activities and other activities related to involvement in this event.

I understand that if at any point I leave the event before its completion, my participation in the event immediately ceases and I will not be admitted back into the event. Participants who leave the competition will not be eligible for prizes.

The parties may rely upon facsimile and/or electronic versions of this agreement including all signatures thereon.

I have read this document, and I fully understand its content. I am aware that this is a release of liability and a contract and sign it of my own free will.

*Required acknowledgement of the above and required signatures on page 5

REQUIRED Acknowledgement/Signatures

PLEASE COMPLETE/SIGN ALL OF THE FOLLOWING SECTIONS TO ACKNOWLEDGE ALL INFORMATION CONTAINED IN THE **“hackMCST Allocation of Risk / Waiver of Liability / Media Release”** ON PAGES 1-2 OF THIS DOCUMENT.

Print Participant Name: _____

Participant Signature: _____

Date of Signature: _____

IF THE ABOVE PARTICIPANT IS A MINOR, THEREFORE UNDER THE AGE OF 18, THE PARTICIPANT'S PARENT AND/OR LEGAL GUARDIAN MUST SIGN/COMPLETE THE FOLLOWING:

By signing below, I, as the parent and/or legal guardian of the above participant, does hereby represent that he/she is acting in such capacity, has consented to his/her child or ward's participation in hackMCST, and has agreed individually and on behalf of the child or ward, to the terms and conditions set forth above. The undersigned further agrees to save and hold harmless and indemnify each of the Released Parties from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date of Signature: _____

This waiver must be filled out in its entirety and received by hackMCST prior to the date of the Event. Sign and scan the waiver and upload it to the Dropbox. The document should be titled “Last Name, First Name.”

If you have additional questions you can contact hackMCST at hackmcstinfo@gmail.com