

HackPHS Liability Release and Emergency Medical Treatment Agreement

HackPHS is 24 hour student-organized high school hackathon that challenges hackers to create interesting and useful projects. Our goal is to bring people together through creating awesome things in technology.

Please visit **www.hackphs.tech** for more details.

Student's Name: _____ Grade: _____

Student School: _____

Student Email: _____

____ My son/daughter named above has my permission to attend the hackPHS

____ My son/daughter named above does not have my permission to attend hackPHS

Please Initial:

____ I hereby authorize Princeton High School to procure medical or hospital care for my son/daughter in the event of serious injury or illness. I understand and agree that I am financially responsible for any care so procured.

____ I understand my child must adhere to MLH Code of Conduct as well as Princeton High School's Handbook at hackPHS that includes a strict no tolerance for drugs and alcohol. Violation of these conducts will result in removal from the event and contacting parents/guardians.

____ I UNDERSTAND AND DO HEREBY AGREE TO ASSUME ALL OF THE RISKS AND OTHER RELATED RISKS WHICH MAY BE ENCOUNTERED BY MY SON/DAUGHTER PARTICIPATING IN THE ABOVE ACTIVITY.

____ I understand that participation in this event is voluntary, that it is not required, and that it exposes my child to some risk(s). I have read and understand the description of the event and authorize my child to participate in the planned components of the event. We understand that adequate and appropriate supervision will be provided. I agree to release and hold harmless Princeton High School and its employees and volunteers from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorney fees and costs) arising from, or related to, such activities and/or any related activities, including any accident or injury to the student and the costs of medical services. In the event of an injury requiring medical attention, I hereby grant permission to the supervising staff (including volunteers) to attend to,

and provide medical treatment for, my child. In case of a serious emergency and I cannot be located, I hereby give my permission to the supervising staff to take my child to the hospital.

Signature of parent or guardian

Print Name

Date

Emergency Contact Information:

Parent daytime Contact Info:

Cell phone

Work phone

Home phone

Emergency contact person: _____

Phone: _____

Relationship: _____

Son/daughter's physician: _____ Phone: _____

Medical coverage: _____

Group/ I.D. #: _____

List any allergy, allergic reaction to food or drugs, and current medications of your son/daughter. All meals will be provided to hackPHS participants—please make certain to note any food allergies or restrictions below.

Please note that our instructors and staff are not authorized to administer any medications to your son/daughter, whether prescribed or over the counter. If your son/daughter requires medication during the event the emergency contact will be contacted.