

Hack River Dell 2017

Event Waiver

CONTACT & EMERGENCY/MEDICAL INFORMATION

Section I: Participant Information:

Name: _____ DOB: _____ Age: _____ Sex: _____

Home Address: _____ School: _____

Phone Number: _____ E-Mail: _____

Section II: Parent/Guardian Information:

Parent/Guardian 1:

Name: _____ Relation to Participant: _____

Home Address: _____
(Please write "Same" if the address is the same as the participant's)

Phone Number: _____ E-Mail (optional): _____

Parent/Guardian 2:

Name: _____ Relation to Participant: _____

Home Address: _____
(Please write "Same" if the address is the same as the participant's)

Phone Number: _____ E-Mail (optional): _____

Section III: Emergency Contacts:

Contact Name: _____

Relation to Participant: _____

Phone Number: _____

Contact Name: _____

Relation to Participant: _____

Phone Number: _____

Section IV: Authorized Sign Out (minors only):

For security reasons, all minors who wish to leave the event at any time must be signed out by an authorized adult. This does not apply for participants who are legally adults (i.e. age 18 or older), so skip this section if you are 18 or older.

Parents/Guardians and emergency contacts are already authorized. If you would like additional adults to sign your child out of Hack River Dell, please list them below. Please consider all possible persons who may need to sign your 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 out of the event.

Name: _____ Relation to Participant: _____

Name: _____ Relation to Participant: _____

Section V: Medical Information

Name of Participant’s Doctor/Physician: _____

Phone Number of Doctor/Physician: _____

Please list any medical needs, special instructions, allergies, physical limitations:

Section VI: Medication

Please list all medication that the participant will bring to the event. Also write times of administration, doses, the name of the medication, etc. Please leave this section blank if not applicable.

Name of Medication	Time of Administration	Dose

ALLOCATION OF RISK / WAIVER OF LIABILITY / MEDIA RELEASE INFORMATION

You (the participant) have registered and intend on participating in Hack River Dell 2017 (henceforth referred to as “this event”, “the event”, or “Hack River Dell” interchangeably), an event organized and run by the RDHS Invention Club (henceforth referred to as “the organizers” or “event organizers” interchangeably), hosted by River Dell Regional High School (henceforth referred to as “the school”).

By signing this waiver, you understand the risks to yourself and property by attending this event, and acknowledge them by attending. By signing, you assume all responsibility and risks of attending/volunteering at Hack River Dell. 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 these terms:

RELEASE AND INDEMNIFICATION:

In exchange for the privilege and opportunity of attending this event, I assume all risk and hereby release and further indemnify and hold harmless Hack River Dell, its past or present organizers, affiliated parties, sponsors, volunteers, suppliers, staff, officials, directors, chaperone(s) (individually and collectively as the “Released Parties), from any and all responsibility, claims, demands, suits, judgments, damages, actions, and liabilities of any 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 this 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 Hack River Dell. 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 organizers of Hack River Dell, and will conduct myself in a manner deemed appropriate by Hack River Dell organizers and refrain from misconduct. I acknowledge that the organizers of Hack River Dell 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 (November 19, 2017) as an example of work.

I give Hack River Dell 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 Hack River Dell. I agree that Hack River Dell 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 Hack River Dell. These uses include, but are not limited to, reproductions, advertisements, promotional videos, educational materials, and illustrations in any medium now known or later developed

Hack River Dell 2017 – Event Waiver

including the internet. I release Hack River Dell 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 Hack River Dell 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 any food or drink distributed, supplied, and/or provided by the Released Parties is safe for my consumption. I have represented myself accurately in all information provided for Hack River Dell organizers. 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 the staff and organizers of Hack River Dell is correct, complete, and current and the person herein described has permission to engage in all prescribed activities except as otherwise noted herein.

EMERGENCY AUTHORIZATION:

I hereby give permission to medical personnel selected by Hack River Dell'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 Hack River Dell'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 Hack River Dell, including its staff, organizers, representatives, sponsors, 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.

I have read and reviewed the official event rules, and understand the repercussions of my actions if I violate them.

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.

PLEASE COMPLETE/SIGN ALL OF THE FOLLOWING SECTIONS:

Print Participant Name: _____

Participant Signature: _____

Date of Signature: _____

IF THE ABOVE PARTICIPANT IS 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 Hack River Dell, 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 Hack River Dell by the following methods:

- **In Person** – Bring the waiver to the competition the day-of. It will be collected during check-in.
- **E-Mail** – Sign & scan the waiver, then send to waiver@hackriverdell.com.

If you have any additional questions, contact us at contact@hackriverdell.com.