

WAIVER AND RELEASE OF LIABILITY

PARTICIPANT:

Name

Address

City, State, Zip Code

I am the parent/legal guardian of the above-named participant ("Participant"), who is under eighteen years of age, and I am fully competent to sign this release. I give permission for Participant to participate in CCSU's Drone Racing Day ("Activity") at Central Connecticut State University, 1615 Stanley Street, New Britain, CT 06050 ("CCSU"). Further, I understand that, as a condition of such participation, I am being asked to sign this Waiver and Release of Liability and that my doing so is in an act of my free will.

I understand that participation in the Activity may require Participant to engage in activities that may consist of risks and hazards directly or inherently involved in the Activity. Despite these and other risks, known and unknown, I voluntarily give permission for Participant to undertake this Activity and assume all responsibility and risk for his/her participation in this Activity.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS OF PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF CENTRAL CONNECTICUT STATE UNIVERSITY (CCSU).

IN CONSIDERATION FOR CCSU PERMITTING PARTICIPANT TO PARTICIPATE IN THE ACTIVITY, I HEREBY ASSUME ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION AND I AGREE TO HOLD THE STATE OF CONNECTICUT, THE CONNECTICUT STATE UNIVERSITY SYSTEM, ITS BOARD OF REGENTS, CCSU, THEIR EMPLOYEES, AGENTS, REPRESENTATIVES AND VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION, CLAIMS OR DEMANDS OF ANY KIND AND NATURE WHATSOEVER, INCLUDING THOSE ARISING FROM THE NEGLIGENCE OF CCSU, WHICH MAY ARISE BY OR IN CONNECTION WITH PARTICIPANT'S PARTICIPATION IN ANY ACTIVITIES RELATED TO THE ACTIVITY. THE TERMS HEREIN SHALL SERVE AS A RELEASE AND ASSUMPTION OF RISK FOR MY HEIRS, ESTATE, EXECUTOR, ADMINISTRATOR, ASSIGNEES, AND FOR ALL MEMBERS OF PARTICIPANT'S FAMILY.

I have read the foregoing and fully understand its contents. I understand that by signing this waiver and release of liability agreement, I will be giving up substantial rights and I sign this document freely and voluntarily without any inducement.

This document shall be construed in accordance with the laws of Connecticut, without regard to its principles of conflicts of laws.

PARTICIPANT

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Date

WITNESS

Signature

Printed Name

Date