Auburn University

Youth Program/Camp Informed	Consent, Voluntary Waiver, Re	lease of Liability, Assumpt	ion of Risks & Media Release Form
PROGRAM/CAMP INFORMAT Program/Camp Name: South's B Date(s): December 2 – 4, 2016 Tin Location: Beard Eaves Memorial C	EST Robotics Championship ne(s): 7:00am – 9:30pm daily	nter Auditorium	
PARTICIPANT INFORMATION Name of Participant: Address:	City:	State:	Zip:
Phone Number:	Date of Birth:	Gender: M	
	BMITTED BY A PARENT OR	LEGAL GUARDIAN BI	LY BINDING DOCUMENT. THIS FULLY EFORE ANY CHILD IS ALLOWED TO
I, the undersigned, wish for m "Program") on the date(s) and lo			ve referenced youth program (hereafter ld's participation, I hereby agree:
to which my Child may be expose economic and property loss. I fur unknown, and have elected to allow	d, including the risk of serious pl ther realize that participating in v my Child to take part in the Prog	hysical injury, temporary or the youth program may in gram. Therefore I, on behalf	there are dangers, hazards and inherent risks permanent disability, and death, as well as avolve risks and dangers, both known and of my Child, voluntarily accept and assume and traveling to or from the Program.
Program Staff, and all other office	rs, directors, employees, voluntee my heirs or representatives for a	ers and agents (hereafter "A ny injury to my Child or lo	tration, Faculty, Staff, Student Leaders, the uburn") from any and all liability as to any ss that my Child may suffer while training, eirs and assigns.
claims and demands of every kind omissions and any present or future	d whatsoever, specifically include claim, loss or liability for injury may or does arise out of my Chi	ing, but not limited to, any to person or property that m	against any and all liability, actions, debts, y claim for negligence or negligent acts or y Child may suffer, for which my Child may ogram. I understand that Auburn accepts no
In the event of an accident or serious illness, I hereby authorize representatives of Auburn to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify Auburn from any claims, causes of action, damages and/or liabilities, arising out of o resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.			
I hereby grant to Auburn the right to reproduce, use, exhibit, display, broadcast, distribute, exploit, modify, adapt, and create derivative works of photographs, videotaped images or video/audio recordings of my child (hereafter "Materials") by incorporating them into publications catalogues, brochures, books, magazines, photo exhibits, motion picture films, videos, electronic media, web sites, and/or other media, or commercial, informational, educational, advertising, or promotional materials or publications related thereto (hereafter "Works"). It is agreed that the Works will be used in connection with Auburn business, the activities of Auburn, or for promoting, publicizing or explaining University activities or events. I understand and agree that the University is and shall be the exclusive owner of all right, title, and interest including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials. All electronic or non-electronic negatives, positives, and prints are owned by the University. I also understand that neither I nor my child will receive compensation in connection with the use of my child's image.			
	njury, death, damage or loss as a		ny legal action or proceeding relating to this ipation in any part of the Program, shall be
and not a mere recital. The infor to read this document and I und rights (including my right to su signature to provide a complete	mation I have provided is disclosterstand and agree to all of its te, and acknowledge that I amand unconditional release of all	osed accurately and truthf terms and conditions. I un a signing this document f liability to the greatest ex	te terms of this RELEASE are contractual ully. I have been given ample opportunity inderstand that I am giving up substantial reely and voluntarily, and intend by my tent allowed by law. My signature on this epresentatives, administrators, and assigns
Participant Name		Parent/Guardian Name	
Participant Signature		Parent/Guardian Signat	ture

Date ____

Date _____