

Motorola Solutions, Inc.
8000 W. Sunrise Blvd
Plantation, FL 33322
USA

PARENT CONSENT, ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH “2019 Mentoring and Shadowing Program”. The event includes by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers, of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take actions for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, from my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me during my traveling to and from this activity. THE FOLLOWING ENTITIES OR PERSONS: MOTOROLA SOLUTIONS, INC. (MSI) and /or their directors, officers, employees, representatives, and agents and the activity holders, sponsors, and volunteers:
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a results of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that MSI and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I understand while participating in this activity, guest may be photographed. I agree to allow photos, videos, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

No one under five (5) years old will be allowed to visit the facilities. I understand I am responsible for the actions as a guest and volunteer of the event.

The Accident Waiver and Release Liability form shall be construed broadly to provide a release and waiver to the maximum extend permissible under applicable law.

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I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Student Name

Parent/Guardian Name

Parent/Guardian Signature

Date

**Place Student's School ID or Driver's
License**

**Place Parent's or Guardian Driver's
License**