Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, agree to the following terms and conditions for my participation in Clarkathon:

**Voluntary Participation**: I acknowledge that I am voluntarily participating in Clarkathon and am aware of the risks associated with attending and participating in the event.

**Release of Liability**: I hereby release organizers(TIE,C4, Clark University) from any claims, liabilities, or lawsuits that may arise because of my participation in Clarkathon.

**Safety Precautions**: I agree to follow all safety guidelines and instructions provided by the organizers, including having a student ID at all times.

**Intellectual Property**: I acknowledge that I retain all ownership rights to what I create during the hackathon, subject to the terms of any third-party software or APIs I may use.

**Image Release**: I grant TIE permission to capture and use photographs and/or videos in which I appear for promotional or archival purposes.

**Health and Wellbeing**: I acknowledge that I am responsible for my own well-being during the event, including any medical or dietary needs.

**Code of Conduct**: I agree to adhere to the event's Code of Conduct and understand that failure to do so may result in my removal from the event.

**Data and Privacy**: I understand that any personal data collected will be used solely for the purpose of the hackathon and will not be shared with third parties.

**Amendments**: I acknowledge that TIE reserves the right to change these terms at any time.

By signing below, I affirm that I have read and understood the terms of this waiver and release of liability and agree to abide by them.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_