



PERMISSION/WAIVER OF LIABILITY/MEDICAL RELEASE FORM

Stark Collective | | starkcollectives.com

This form is required for any visiting underage person staying overnight at a WearHacks Hackathon and must be completed in its entirety.

Once this form is completed, please email to **waterloo@wearhacks.com**. Forms must be received at least three days prior to your visit. Underage people will NOT be allowed to stay overnight without having completed this form.

Name of Event: WearHacks KW

Date and City Of Event: March 24-26, 2017 | Kitchener, ON

Student Information:

Name of Student:

Cell Phone:

Date of
Birth:

Gender:

Student Address:

High School or Recent College:

HS Graduation Year:

Allergies/Medications:

Medical Insurance Name and Policy #:

Attendee's Allergies:

Attendee's Current Medications: (Include Special Instructions: EpiPen, dosage,



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diabetic procedures, etc) _____

PARENT/GUARDIAN INFORMATION (if minor student):

Name of Parent or Guardian: _____

Email: _____

Cell Phone: _____

EMERGENCY CONTACT (if same as above leave blank):

Name: _____

Relationship: _____

Phone: _____

PERMISSION/WAIVER OF LIABILITY/MEDICAL RELEASE/PHOTO RELEASE:

I hereby release, indemnify and hold harmless WearHacks, its trustees, officers, agents and employees from any and all liability, damage, or claim arising out of or in any way related to my participation (and/or my child's participation if a minor) in this visit to WearHacks Hackathons, except where such claims are due to the sole gross negligence of the college, its agents, or employees. I grant WearHacks permission to use my photographs (and/or those of my child if a minor) in print, web, electronic, and video formats or in other official WearHacks print publications. If signing on behalf of a minor child, and I cannot be reached in case of emergency, I the undersigned parent or guardian of the above-named child, do hereby authorize a representative of WearHacks to consent to any medical treatment or care deemed advisable.

I have read and fully understand all the provisions of the Permission/Release form. I have also read and agree to comply with the terms and conditions and the guidelines outlined in the WearHacks Code of Conduct.

Signature of Student:

Date:

Signature of Parent/Guardian (if minor student):

Date:



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