**The Peddie School**

**Event Waiver – PeddieHacks 5/17/2020**

Permission to Treat/Participate

By signing this permission form, I acknowledge and affirm that my child is healthy and able to participate in any and all aspects of PeddieHacks, The Peddie Computer Science Club Hackathon.

By signing this document, I shall indemnify and hold harmless to the full extent permitted by law Peddie School and its agents and employees, against and from all suits, demands, claims, damages or costs of suits including attorney's fees to which Peddie School, its agents or employees may be put to by reason of injury or damage to the person or property of others resulting from performance in this event including the use of defective equipment or through any omission on the part of the event attendee.

*In the event of an injury or illness, Peddie School has my permission to initiate treatment. All EMT personnel and health professionals have permission to treat my child.*

*The nearest emergency room or treatment facility has my permission to treat my child.*

*In the event of an emergency requiring hospitalization or possible surgery, every effort will be made to notify the parents or person(s) designated. If surgery is designated, you, or the person otherwise designated, will be contacted before any action is taken.*

*It is understood that in the event the parents or persons otherwise designated cannot be reached, and if the medical authorities appointed by the Peddie School find it necessary to undertake emergency procedures, then such measures or surgery will be undertaken without delay. Suitable anesthesia will be administered in all surgery.*

I understand the above permission to treat information and by signing, I confirm that I have read the form, I understand the form and I agree to be bound by it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_

PARTICIPANT NAME (Printed)

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PARENT/GUARDIAN NAME (Printed) Cell Phone

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PARENT/GUARDIAN Signature