

Berlin Area Robot Greeks VEX Robotics Team  
LIABILITY RELEASE AND PERMISSION FORM  
2017-18 Season  
RELEASE OF ALL CLAIMS

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Only one form can be filled out per team member. Return this form SIGNED BY PARENTS, or self-signed if a mentor, to a lead mentor.

In consideration for being accepted as a team member for participation in the Berlin Area Robot Greeks VEX Robotics Team 2017-18 season, hereby release, forever discharge and agree to hold harmless the Berlin Area Robot Greeks VEX Robotics Team, the sponsors, the directors, mentors, school association members, school district, VEX Robotics and team assistants (the Organization) from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the team-participant that occur while said team member is participating in any 2017-18 VEX Robotics season trip and/or activity.

Furthermore, on behalf of our (my) child-participant hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

The undersigned does hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Organization.

The undersigned further hereby agrees to hold harmless and indemnify said Organization, its sponsors, its directors, mentors, school association member, school district, VEX Robotics and team assistants, for any liability sustained by said Organization as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said activities, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

I have read and agree to the terms contained herein.

Both parents or legal guardian must sign unless parents are separated or divorced, in which case the custodial parent must sign and date.

\_\_\_\_\_  
Parent 1 or  
Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent 2 or  
Legal Guardian Signature

\_\_\_\_\_  
Date

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership.

\_\_\_\_\_  
Participant's Signature