

CyberSEED
Release of Liability, Photo Release And Consent to Medical Attention

Participation in the CyberSEED event (referred to as Activity) enables you to participate in the this event to be held on October 19-20, 2017 at the University of Connecticut in partnership with Comcast.

I agree to assume any and all risks related to my participation in the CyberSEED activity.

- I hereby release CyberSEED, its organizers, sponsors and University of Connecticut, as the venue provider, from any and all liabilities, claims or demands for damages for personal injury, disability, property damage or other loss of any kind that I may sustain as a result of or incidental to participating in the Activity.
- I further agree to indemnify and hold harmless CyberSEED, its organizers, volunteers, sponsors and University of Connecticut as the venue provider from any and all liability, damages, or costs that it or they may incur as a result of my participation in the Activity or arising from any of my acts or omissions.
- I understand that CyberSEED, its organizers, volunteers, and University of Connecticut, as the venue provider, are authorized (but are not obligated) to take any actions they consider to be warranted under the circumstances regarding my health and safety while participating in the Activity.
- I further agree to grant permission to CyberSEED to make, use, copyright and publish news stories, still photographs and/or video or audio recordings. I grant the right and permission to use the material, including reproduction in publicity releases, slide productions, Web site, publications, television productions or any other media.

RELEASE OF LIABILITY AND CONSENT TO MEDICAL ATTENTION

CyberSEED Participant's Name: _____ Age: _____

I have read this waiver, release of liability, photo release, consent, and CyberSEED Code of Conduct and I am signing it voluntarily.

Participant's Signature: _____ Date: _____

If CyberSEED participant is under 18, a parent/guardian signature is required.

Parent/Guardian Name: _____ Relationship: _____

I have read this waiver, release of liability, photo release, consent, and CyberSEED Code of Conduct and I am signing it voluntarily. I give permission for my child to be treated by the appropriate medical personnel for any illness/accident while at the Activity.

Parent/Guardian's Signature: _____ Date: _____

Emergency Contact Information:

A contact phone number where individual(s) can be reached, regardless of the time of day must be provided, in case of emergency.

Name: _____

Telephone number including area code: _____

Address: _____

City, State, Zip _____

E-mail Address: _____

Please indicate any special medical problems (medicine, injury, allergies) of which we should be aware:

This form must be returned to the CyberSEED organizers prior to participating in the CyberSEED activity. If completing in-person, please provide completed and signed document to the registration desk.