

# **PARTICIPANT CODE OF CONDUCT AND LIABILITY WAIVER AND RELEASE FORM**

**Program and Event:** Georgia Student Technology Competition (GaSTC)

**Date:** March 11, 2023 at **Location:** Forsyth County Public Schools

Participant (Print): \_\_\_\_\_ Parent/Guardian (Print): \_\_\_\_\_

The Program has established rules and standards of conduct for all Participants. It is the responsibility of the Parent/Legal Guardian and the Participant to review the Program rules and standards of conduct.

## **PARTICIPANT AGREEMENT**

By signing below, I understand that as a condition for participating in the Program I must comply with the Program's rules and standards of conduct and follow all reasonable direction of the Program Staff. Failure to comply with the Program's rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my being dismissed from the Program.

## **PARENT/LEGAL GUARDIAN AGREEMENT**

By signing below, I understand that my child will be subject to the rules and standards of conduct of the Program and Forsyth County Public Schools. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program Staff may result in my child's dismissal from the Program. I accept responsibility for all costs associated with removing my child from the Program, including but not limited to transportation costs to return the Participant home. I understand that dismissed Participants are not eligible for a refund of any fees or expenses. I understand that a minor cannot attend the event without a parent/guardian, or a school/district chaperone present with relevant medical treatment authorization forms.

## **Participation Agreement and Liability Waiver for Minors**

PARENT OR GUARDIAN, PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

I, the undersigned below, in consideration of my child's or ward's participation in the Event(s) referenced above and any related activities thereto including training, preparation, and travel (separately and collectively, the "Event"), wherever the/these Event(s) may occur, acknowledge that I am aware that as a result of my child's or ward's participation in the Event, there exists the potential for injuries including but not limited to scrapes, bruises, broken bones, and various injuries to the body, and I freely assume on my child's or ward's behalf all risks incidental to such participation.

In consideration of my child's or ward's participation in the Event and in my child's or ward's behalf, and on behalf of my child's or ward's heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with my child's or ward's participation in the Event and/or any such related and associated activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys' fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal. This agreement to indemnify extends to any claim filed by my child or ward upon reaching the age of majority. I, for my child and/or ward, understand that this Release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including, without limitation, death), property damage, and loss by theft or otherwise, whether suffered by me or my child or ward either before, during or after such participation.

I also agree that during the time my child or ward is involved with the Event, he or she will be bound by all rules, regulations, policies, procedures and guidelines of Forsyth County Public Schools. I further understand that my child's or ward's violation of the rules and standards of conduct or failure to comply with the reasonable direction of the Event staff may result in my child's or ward's dismissal from the Event, including but not limited to transportation costs to return the Participant home. I understand that dismissed Participants are not eligible for a refund of any fees or expenses.

I acknowledge that volunteers of the Event may take photographs and/or videos of my child's or ward's participation and allow the use of these materials in print or online without limitation or compensation including the release of my and/or my child's or ward's name.

INITIAL HERE ONLY IF YOU **DO NOT** AGREE TO THE PHOTOGRAPHY AND VIDEO RELEASE: \_\_\_\_\_

I certify I am eighteen (18) years of age or older and, if I am executing this Waiver and Permission Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and complete.

I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS LIABILITY RELEASE, INDEMNITY, AND PROMISE NOT TO SUE.

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact and Phone Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

