**2017 Assumption of Risk and Release of All Claims**

**(to be completed by parent or guardian)**

As a parent/ guardian of a child wishing to participate in the 2017 AWT RoboBots program and competition, I recognize and acknowledge that such activity carries risks of injury. I agree, on behalf of myself and my child to assume all such risks including any damages resulting from physical injuries, death, loss of services or consortium, loss of damage to property, or any other loss which I or my child may sustain as a result of participating in any such activity.

I hereby give permission for my child to participate in the RoboBots competition through the AWT Foundation and any related events, activities or transportation. In consideration of permitting my child’s participation, I hereby, for myself and my child, our heirs or personal representatives and assigns do hereby forever release, waive and relinquish all claims I or my child have or may have as a result of participating in the activities. Furthermore, on behalf of myself and my child I agree not to sue Members of the AWT Foundation, their Board of directors, employees or agents, Lakeland Community College, or any other facility, their trustees, officers, employees, or agents, or any participating Company Sponsor, their Board of directors, employees and agents for actions or omissions arising from or connected with such activities..

With my signature below, I also permit my child to be included in photographs and videos that are a direct result of the 2017 AWT RoboBots program or competition.

Student Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date

Parent or Guardian (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**In the event of an emergency, please call:**

Name & Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_