

2021-22 CONSENT, RELEASE, HOLD HARMLESS AND AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS

Event Name: 2021-2022 Regional Autonomous Robotics Circuit Competitions Date: _____

Team Name: _____ School Name: _____

Role: Coach/Mentor Team Leader (Adult) Student Participant Volunteer

This is a Consent and Release of Rights in favor of the Cyber Innovation Center (CIC), as well as entities designated and approved to assist CIC in managing, contracting, sponsoring, hosting, conducting, evaluating or publicizing (including individuals and entities working with CIC in print, publication, television, broadcast or video media) CIC's programs ("CIC's Cooperating Entities"). As used below, "Participant" shall mean any individual, student, coach/mentor, teacher, or volunteer involved in a CIC event. In consideration of the acceptance of my participation in one or more CIC Events, I agree to the following:

I hereby grant to CIC, to CIC's Cooperating Entities, and to the press and media admitted into CIC Events the right to photograph, videotape, or otherwise digitally collect my likeness, voice and sounds (as "Works") during my participation at the CIC Event(s). I further acknowledge the Works by CIC and the CIC's Cooperating Entities to be works made for hire, and otherwise irrevocably assign and grant to CIC and to CIC's Cooperating Entities all rights in these Works and the right to use or sublicense these Works and my name, likeness and biography, in CIC's discretion, in all media and in all forms and for all purposes, including without limitation, advertising and other promotions for CIC or the CIC's Cooperating Entities, without any further consideration to me or any limitation whatsoever.

There are risks inherent in participating in CIC Events, including the risks inherent in the construction of robots as well as in working with electrical connections, traveling to and from events, and participating in public competitions. These risks include the risk of bodily harm (including without limitation, death) and property damage. Being fully cognizant of the risks in participating in an Event, I hereby assume those risks, **except to the extent that any such injury and property damage is due to the gross negligence or willful misconduct of CIC or CIC's Cooperating Entities. According, and to the fullest extent permitted by applicable law, I HEREBY WAIVE ANY CLAIMS OR CAUSES OF ACTION which I may now or hereafter have against CIC and CIC's Cooperating Entities arising out of my participation in any CIC Event, and I will defend, indemnify, and hold harmless CIC and CIC's Cooperating Entities against any and all claims resulting from such participation.**

COVID-19 ACKNOWLEDGEMENT OF RISK By signing below, I CONFIRM, AGREE TO, AND ACKNOWLEDGE the following: The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. It is possible that you could contract COVID-19 from a variety of sources. The COVID-19 virus has a relatively long incubation period. I UNDERSTAND AND ACCEPT THERE IS A RISK OF CONTRACTING THE COVID-19 VIRUS. I ACKNOWLEDGE I COULD CONTRACT THE COVID-19 VIRUS FROM OUTSIDE THIS EVENT.

I HEREBY RELEASE CIC and CIC's Cooperating Entities and their respective successors, affiliates, contractors, licensees and assigns from all claims, demands, liabilities, damages, costs and expenses attorneys' fees, other professional fees and expenses, and any claims including, without limitation, claims for compensation, physical bodily injury, emotional distress, property damage, past, present, and future medical costs, lost wages, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever that I may now or hereafter have against CIC and CIC's Cooperating Entities arising in connection with my participation in any CIC Event.

In the event I should sustain injuries or illness while involved in an CIC Event, I hereby authorize CIC and CIC's Cooperating Entities to administer, or cause to be administered, such aid or other treatment and medications I may bring as may be necessary under the circumstances, to include treatment by a physician or hospital of CIC's or CIC's Cooperating Entities' choice. I further authorize CIC and CIC's Cooperating Entities to call for emergency medical services, for which I will assume all financial responsibility and payment for services rendered.

This Release shall be binding upon my heirs, personal representatives and assigns, and me and shall be governed by and construed under the laws of the State of Louisiana, and any and all claims shall be adjudicated in Bossier Parish, Louisiana. This Release constitutes the entire agreement among the parties hereto with respect to the subject matter of this Release and supersedes any and all previous agreements among the parties, whether written or oral, with respect to such subject matter.

CIC strongly believes in confidentiality of all contact information. CIC will be using the personal contact information provided here as part of its participant database and to contact the CIC participant and/or the participant's guardian as part of its research, program evaluation, or alumni outreach efforts, or other related outreach activities as they may occur.

Unless I check this box to remove my consent, I hereby grant to CIC the right to use the personal contact information provided here for CIC's research, program evaluation, alumni efforts and/or other outreach activities and to share this information with those associated with the CIC programs.

I understand that this form involves a release of legal rights.

Participant Name Participant Signature Date

Address: _____ City: _____ State: _____

Zip: _____ Phone: (_____) _____ Email address: _____

Age: _____ Gender: _____ (M) _____ (F) Grade: _____

Race [check one]: African-American Asian/Pacific Islander Hispanic Native American/Alaskan White Multiple races

For Participants under the age of eighteen (18) years listed above: I hereby consent and agree to the above as the Parent/Legal Guardian

of _____ (printed minor's name), in which case "I", "me" and "my" as used herein shall refer to said minor.

Parent or Legal Guardian Signature

Print CLEARLY Parent or Guardian Name