I.AM.ROBOT

FRC Team 4810

LIABILITY RELEASE & PERMISSION FORM 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 Team Mentor.

In consideration for being part of I.AM.Robot - FRC Team 4810, hereby release, forever discharge and agree to hold harmless of I.AM.Robot - FRC Team 4810, the sponsors, the directors, mentors, parents, and school association members, the *FIRST* Organization 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 I.AM.Robot - FRC Team 4810 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. Further authorization and permission is hereby given to said Organization to furnish any necessary transportation, food, and lodging for this team member. In the event of travel, a parent or guardian will be required to attend and arrange transportation, unless directed by another parent or guardian. The organization is not required to supply transportation to and from any event, tournament or practices.

The undersigned does also 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 members, the FIRST Organization 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(s) must sign unless parents are separated or divorced, in which case the custodial parent must sign and date.

Parent _____ Date _____

Parent or Legal Guardian Signature

Parent _____ Date _____

Parent or Legal Guardian Signature

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 _____

I.AM.ROBOT

FRC Team 4810

FRC/FTC/FLL Team Workshop Liability Release Form

Date: _____

I, as a patron of I.AM.Robot – FRC Team 4810, am engaged in attending and participating in a robotics team held by I.AM.Robot – FRC Team 4810. I understand that the workshop(s) involve various aspects of woodworking and metal working, and include the use of both manual and electrically powered tools, equipment and machinery.

I am aware of and understand the possibilities of serious injury or death from using any shop related tools and related materials, and I agree to obey standard safety rules and practices while using or operating tools and I agree to use or operate them in an otherwise safe manner.

I also agree to refrain from using any tools for which I have not had proper instruction or extensive prior experience and feel able to operate in a safe, competent manner. I represent that I have the skill and training necessary to keep myself and others safe when I use the tools. I also understand that I may be asked by the instructor/mentor/coach not to operate certain machines, tools, and/or equipment during and hereby agree to follow the instructor's/Coach/Mentor request(s). I understand and agree to use safety equipment such as safety glasses and or face shields at all times while operating lathes, grinders and all other workshop machinery and equipment. I also agree not to operate or use any equipment in the workshop without an instructor/mentor/coach present.

I hereby assume the risk and responsibility of any and all injuries that I may sustain or cause in the pursuit of any activities while on the premises. Also, I hereby release and forever discharge and agree to defend and hold harmless I.AM.Robot – FRC Team 4810, its mentors, parents, coaches, school administrators and any of its employees or instructors/mentors/coaches from any actions, suits, damages, claims or judgments that may result from any personal injury I may sustain or that I may cause while on the premises of 196 North Rose Street, Mount Clemens, MI and any other locations we work while engaged in the activities specified above. I also understand that I am responsible for paying all costs resulting from medical treatment received as a consequence of using any shop or robotics tools and participating in any event(s).

In witness whereof, I have executed this release at Mount Clemens, MI on the day of _____/_____/_____

_____ _____

Signature of participant | Name (please print)

_____ _____

Signature of Parent/Guardian | Name (please print)

_____ _____ _____ _____

Address | City | State | Zip