Waiver of Liability, Indemnification, and Medical Release

I have voluntarily agreed to participate in the Dream It. Do It. Minnesota State VEX Robotics Tournament.

I am aware of the dangers and risks to my person and property involved in participating in these activities. Risks associated with my participation in the VEX Robotics Tournament include, but are not limited to, loss of or damage to personal property, bodily injury, or even death. All such risks are known, understood, and assumed by me.

In consideration for participation in this activity, the receipt and sufficiency of which is hereby acknowledged, I agree as follows"

1) I agree to abide by the safety rules and regulations as set by VEX Robotics Tournament. Failure to do will disqualify me from participation.
2) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, herby release and forever discharge the College, the State of Minnesota, and its employees, agents, officers, trustees and representatives (in their official and individual capacities)("Releases") from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney fees, which arise out of, result from, occur during, or are connected in any manner with my participation in the VEX Robotics Tournament whether caused by negligence and/or wanton misconduct by the Releases.
3) I, Individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the College and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney fees, which arise out of, occur during, or are in any way connected with my participation in the field trip.
4) I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident or illness during this activity or event.

I agree that this Waiver, Release, and Indemnification Agreement is to be constructed under the laws of the State of Minnesota, U.S.A; and that if any portion is held invalid, the balance shall, notwithstanding, continue in full legal force and effect. I agree that this Agreement is to be constructed broadly to provide a release, indemnification and waiver to the maximum extent permissible under applicable laws.

CONSENT TO PHOTOGRAPH AND VIDEO and AUDIO RECORD

I hereby give St. Cloud Technical and Community College the right to use, reproduce, and to permit the use to others, etc., of all photographs, negatives, video, and audio materials taken of me on this date for educational, publication or marketing purposes without further compensation.

I consent that all of this material shall be solely and completely the property of St. Cloud Technical and Community College. I further consent and authorize that any images and video materials may be edited for editorial and marketing purposes to improve my personal appearance (through retouching) and also to remove trademarked logos and other symbols from works (including the removal of an employer's logo from work clothing, commercial product logos from clothing, etc.).

I understand and agree that statements which I make may be edited for conciseness and clarity and may be used in videos, audio recordings, text-based testimonials, and multi-media presentations.

In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that I am at least eighteen (18) years of age, by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily. I also certify that I have read and completely understand the contents of the above release before affixing my signature below.

Participant name: _____

Parent/Guardian Signature:_____Date:_____

Printed Name:_____

Contact Info:

Address:_____

City:_____State_____Zip_____

Parent Home Phone: _____
Parent Cell Phone: _____