

**NEW JERSEY INSTITUTE OF TECHNOLOGY**  
**(Vex Signature Robotics Event)**  
**PERMISSION SLIP FOR ATTENDING EDUCATIONAL PROGRAM**

**This permission slip must be returned to NJIT in order for you and/or your child to participate in the Vex Signature Robotics Event sponsored by NJIT.**

\_\_\_\_\_ (Print Your Child's Name) has my permission to attend and participate in the following educational program at NJIT (the "program"):

**Program Name:** Vex Signature Robotics Event  
**Date(s):** September 11, 2025- September 14, 2025  
**Location:** New Jersey Institute of Technology  
University Heights  
Newark, New Jersey

I understand and accept that participation in the program may expose my child and myself (if I participate) to some mishaps and other unnamed risks while participating in the Vex Signature Robotics Event, such as travel/transportation risks and personal injuries related to physical activities or accidents. I choose for myself and/or my child to participate in the program in spite of these and other unnamed risks. I agree that I am knowingly and voluntarily assuming them on my own and/or his or her behalf.

I understand that NJIT expects my child to be on his or her **BEST BEHAVIOR & ACT ACCORDINGLY** and to follow the directions of the program supervisor(s) and observe all applicable rules. I understand that if my child does not comply with these directions and rules or otherwise act in a responsible manner, NJIT may remove my child from the program and he or she will be sent home at my own cost.

I represent to NJIT that there are no health related reasons or other problems of which I am aware that preclude or restrict me and/or my child from participating in the program and I hereby authorize NJIT to secure necessary emergency medical treatment at my expense in the event of injury or illness while I and/or he or she is participating in the program. I represent that I and/or my child will have health insurance coverage while participating in the program. I understand that NJIT will provide no health or accident insurance to me and/or my child covering any injury or illness that I and/or he or she may suffer while participating in the program.

In consideration of NJIT allowing me and/or my child to participate in the program, for myself, my heirs, assigns and next of kin, I agree to waive, release and indemnify NJIT, its officers, employees and agents, from and against any blame and liability for any injury, death, loss to person or property, or any other damage of any kind, which may result from or be connected in any way to my and/or my child's participation in the program or in transit to or from the program location.

- I DO AGREE that NJIT may use any photographs, videotapes or other recordings taken of me and/or my child during the program along with my and/or my child's name, without compensation, in any promotional materials and publications related to the educational activities of NJIT or any third party program sponsor(s) or affiliates. Initial: \_\_\_\_\_
- I DO NOT AGREE that NJIT may use any photographs, videotapes or other recordings taken of me and/or my child during the program along with my and/or my child's name, in any promotional materials and publications related to the educational activities of NJIT or any third party program sponsor(s) or affiliates.

This permission slip shall be governed by the laws of New Jersey, without regard to its choice of law principals. I agree not to commence any action in connection with this permission slip other than in the courts of New Jersey, Essex County.

**IN CASE OF AN EMERGENCY**

|                                |                                 |                                     |
|--------------------------------|---------------------------------|-------------------------------------|
| <b>Cell:</b>                   | <b>Work:</b>                    | <b>Home:</b>                        |
| <b>Address:</b>                |                                 |                                     |
| <b>Alternate Contact Name:</b> | <b>Alternate Contact Phone:</b> | <b>Family Physician Name/Phone:</b> |

I have read and understood all the provisions in this permission slip and I agree to be bound by all terms herein, as indicated by my signature below.

\_\_\_\_\_  
Parent/Guardian's Name Print

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Return completed form to: Patrick Thornton, Director of Robotics  
New Jersey Institute of Technology  
Newark College of Engineering  
Room 252- Fenster Hall  
University Heights  
Newark, NJ 07012-1982  
Phone: (973) 596-2668  
Email:Patrick.thornton@njit.edu