



The Institute of Navigation 2010 Mini-Urban Challenge

CHILD AUTHORIZATION, RELEASE AND WAIVER OF LIABILITY AGREEMENT, AND PHOTOGRAPHIC & VIDEO RELEASE AGREEMENT

By signing this Agreement on behalf of yourself and your minor child, you release the Institute of Navigation, its officers, directors, subsidiaries, members, agents, employees, volunteer staff, successors, assigns, and/or any others acting on the Institute of Navigation's behalf (collectively, the "ION") in connection with the ION's 2010 Mini-Urban Challenge, to be held in 2010 (the "Competition") as outlined below. **This is a legal document and it is important to you and your minor child. If you have questions, please ask them before signing.**

* * * * *

Authorization. I attest that I am the parent or guardian having legal custody of _____, a minor child who wishes to participate in the Competition (hereinafter referred to as "my child"). I consent to my child's participation in the Competition. I agree that either I or _____, a responsible adult designated by me, will accompany my child at all times during his or her participation in the Competition and will be responsible for all activities in which my child participates.

Rules and Regulations. I and my child agree to abide by the published rules and regulations of the ION and the facilities where the competition is hosted.

Release, Waiver and Indemnification. I agree for myself and my child to forever release, discharge, indemnify, defend and hold harmless the ION from and against any and all liabilities, losses, costs, damages, claims, liens, judgments, penalties, fines, attorneys' fees, court costs and other legal expenses, insurance policy deductibles and all other expenses (collectively called "damages") arising out of or related to my or my child's participation in and/or attendance at the Competition. I waive any and all claims or causes of action which I or my child may now or hereafter have against the ION which may arise as a result of our participation in and/or attendance at the Competition. If, for any reason, my child's participation in the Competition is terminated early by the ION, I shall be responsible for any and all costs associated therewith without limitation, and I shall not receive any refund of any fees and/or travel expenses incurred.

Insurance. I acknowledge that the ION encourages each Competition attendee and participant to obtain his or her own medical or health insurance coverage. I further acknowledge and understand that the ION does not assume any obligation to provide financial or other assistance, including but not limited to medical, health, or disability insurance for me or my child.

Assumption of Risk. I and my child understand that the Competition may include activities that are hazardous, including but not limited to the handling of equipment, equipment charged with electricity and any physical activity required participating in the competition. I and my child are fully aware of the risks involved in attending and/or participating in the Competition, and we expressly and specifically assume the risk of injury or harm in these activities and release the ION from all liability for injury, illness, death, damage, loss, or expense resulting from our participation in and/or attendance at the Competition.

Photographic & Video Release. I hereby authorize, without limitation, the ION to film, photograph and interview me and my child, and grant and convey to the ION all right, title and interest in any and all interviews, photographic images, video and audio recordings ("media") of me and my child, or in which me or my child may be wholly or partially included in any form. This grant shall include but not limited to the right to copyright, use, alter, and publish such media, and the right to any royalties, proceeds or other benefits derived from the media. I hereby waive any right that my child or I may have to inspect or approve the media, any materials that may be used in connection with the media, or the use to which it may be applied.

General. I and my child expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that this Agreement shall be governed by and interpreted in accordance with the laws of the Commonwealth of Virginia. I and my child agree that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction,

the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement which shall continue to be enforceable. This Agreement shall be binding upon me and my heirs, legal representatives, and assigns. In the event my child, upon reaching the age of majority, renounces this agreement, I agree to be personally liable for any and all actual, consequential, direct and indirect damages, costs and expenses incurred by the ION as a result of my child's renunciation.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. By signing below, I am representing that I have read, am fully familiar with, and agree to be legally bound by the Agreement above, on behalf of myself and my child.

_____	_____	_____
(Printed name of child)	(Signature of Parent/Guardian)	(Date)
_____	_____	_____
(Child's Address)	(Printed name of Parent/Guardian)	
_____	_____	_____
(City, State)	(Zip Code)	(Address)
_____	_____	_____
(Child's E-mail Address)	(City, State)	(Zip Code)
	_____	_____
	(E-mail Address of Parent/Guardian)	

Parental Authorization for Treatment of a Minor Child

I, _____, am the parent or guardian having custody of _____, a minor child ("my child"). In my absence or in the absence of the responsible adult designated by me in the above Agreement, I hereby authorize and appoint the ION as my agent to act for me (in my name) with respect to my child, in any way I could act in person, to make any and all decisions for me with respect to my child concerning my child's personal care, medical treatment, hospitalization, and health care; and to require, withhold, or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my child's medical records that I have, including the right to disclose the contents to others.

 (Signature of Parent/Guardian) (Date)