



THE INSTITUTE OF NAVIGATION
MINI-URBAN CHALLENGE



2012 RELEASE & CONSENT FORM

Participant's Name: \_\_\_\_\_

Role (Check all that apply): [ ] Mentor/Coach [ ] Teacher [ ] Student Team Leader [ ] Student Team Member [ ] Volunteer

School Name/Team Name: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

This is a Consent and Release of Rights in favor of the The Institute of Navigation (ION), and its officers, directors, employees, successors, assigns, and volunteers who are working at the authorization or direction of ION with respect to the program and events officially offered by ION.

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

Photographic & Video Release. I hereby authorize, without limitation, the ION to film, photograph and interview me 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, or in which I may be wholly or partially included in any form.

Assumption of Risk. There are risks inherent in participating in the competition events, including risks in the construction of robots and LEGO® structures, as well as in working with electrical connections, traveling to and from events, and participating in public competitions.

Release, Waiver and Indemnification. Except to the extent due to the gross negligence or willful misconduct of ION, to the fullest extent permitted by applicable laws, I HEREBY (A) WAIVE, RELEASE, AND AGREE TO HOLD HARMLESS ION AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, AND REPRESENTATIVES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION ARISING OUT OF OR RELATED TO MY PARTICIPATION IN THE COMPETITION OR RELATED PROGRAMS AND EVENTS;

Medical Care. In the event I should sustain injuries or illness while involved in a competition event, I hereby authorize ION to provide or arrange for first aid, medications, and hospital treatment needed as determined by ION.

I understand that this form involves a release of legal rights. This Release shall be binding upon my heirs, personal representatives and assigns, and me and shall be governed by and constructed under the laws of the State of Virginia, which shall be the venue for any legal action.

Participant's Name [Printed] Participant's Signature Date Date of Birth [MM/DD/YY]

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_ Gender: \_\_\_ (M) \_\_\_ (F)

Race: (optional) [ ] African-American [ ] Asian/Pacific Islander [ ] 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 above Parent/Legal Guardian of (minor's name), in which case "I", "me" and "my" as used herein shall refer to a minor.

Parent or Legal Guardian Name [Printed] Parent or Legal Guardian Signature Date

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_