THE UNIVERSITY OF IOWA

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Consent, Release, Hold Harmless & Authorization Form

Program: **FIRST Tech Challenge-Iowa (FTC Iowa) Event: _____ Team #:_____**
Role (select one): ◯ **Mentor** ◯ **Team Leader** ◯ **Student Participant** ◯ **Volunteer**

This is a Consent & Release of Rights in favor of: the State of Iowa; the Board of Regents, State of Iowa; The University of Iowa and its College of Engineering; and each of their respective officers, employees, agents and volunteers, collectively referred to as the "Releasees"). As used below, "Participant" shall mean any individual, (student, mentor, teacher, or volunteer) involved in any FTC-Iowa event. In consideration for my being allowed to participate in at least one FTC-Iowa Event, I agree to the following:

There are risks inherent in participating in *FIRST* Events, such as 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. These risks include the risk of bodily harm (including without limitation, death, blindness, electrocution, infection, abrasion, and organ damage), personal injury (including defamation, invasion of privacy, or other infringements of personal rights) and property loss or damage (including claims of infringement of property rights). Being fully cognizant of the risks in participating in an FTC Iowa Event, I hereby assume those risks. In addition, I do hereby release the State of Iowa; the Board of Regents, State of Iowa; The University of Iowa, and its College of Engineering; and each of their respective officers, employees, and agents, and all instructors and all participants in any FTC Event from liability, including claims and suits at law or in equity, for injury, fatal or otherwise, which may result from taking part in or attending program activities. This Release shall be binding upon my heirs, personal representatives and assigns, and shall be governed by Iowa law.

In the event I should sustain injuries or illness while involved in the FTC-Iowa Championship or other events/activities, I hereby authorize The University of Iowa and any of its employees to administer, or cause to be administered, such as first-aid or other treatment and medications I may bring, or as may be necessary under the circumstances, whether on an emergent basis or otherwise, to include treatment by a medical care provider at The University of Iowa Hospitals & Clinics or one of its entities, such as a clinic. Neither the State of Iowa, the Board of Regents, State of Iowa, nor The University of Iowa is responsible for determining whether illness or injury have occurred, however. The responsibility for seeking help in such circumstances remains with myself and/or my parent or legal guardian.

Unless I check this box ___ to remove my consent, I hereby grant The University of Iowa and its College of Engineering the right to use the personal contact information provided here for program evaluation, and/or other outreach activities.

I understand that this form involves the release of legal rights, and I sign below voluntarily and knowingly.

_____ _____ _____
Participant Name (Print Clearly) * Participant Signature Date

Address: _____

City: _____State:_____Zip:_____

Phone: Home ( )_____ E-mail address: _____Gender: M / F Date of Birth: _____

*Participants under the age of eighteen (18) years listed above, I heareby consent and agree to the above statements as the Parent/Legal Guardian of _____

_____ _____
Parent or Legal Guardian Signature Print Parent or Legal Guardian's Name