



**Personal Consent Form for Participation in Space City BEST Robotics
for Student Participants**

_____, my son/daughter/ward (participant) has my permission to participate in all activities involved in preparing for, and participating in, the Space City BEST Robotics competitions.

We, the undersigned adult and participant waive, relinquish and extinguish the disabilities of minority (if any). We release, discharge and agree to hold harmless Space City BEST committee members, host sites for kickoff, practice day, competition day, and any volunteers involved (such as engineer mentors, drivers, hosts, coaches, sponsors, and fellow participants involved in the competitions from any liability for any personal injury or death or property damage sustained by the participant arising out of his or her participation in the kickoff, practice day and competition day.

We understand that participants will work with power tools and that this involves some degree of risk.

We authorize event volunteers to act as our agent to consent to and obtain, at our sole cost and expense, emergency medical and/or surgical treatment or hospital care for the participant deemed advisable by the supervising teachers or volunteer and/or emergency medical technicians, nurses, physicians and/or surgeons.

We grant permission to take photographs of or videotape the participants. These photographs may be used without further consent and without paying any compensation.

I, the undersigned adult, stipulate and warrant that I am the natural parent/natural guardian/legal guardian (strike phrases not applicable) of the participant.

I have read and understood this release on this _____ day of _____.

Participant (print)

Adult parent/guardian (print)

Participant (signature)

Adult parent/guardian (signature)

Phone # in case of emergency

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