



**Personal Consent Form for Participation in Space City BEST Robotics
For ADULT PARTICIPANT**

I _____, as a mentor, teacher or parent volunteer (participant) will be involved in the activities preparing for, and participating in, the Space City BEST competition.

I, the undersigned participant waive, relinquish and extinguish the disabilities of minority (if any). I 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.

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

I authorize event volunteers to act as my agent to consent to and obtain, at my 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.

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

My signature below indicates that I have read and agreed to the above stipulations of this release on this _____ day of _____.

Participant (print)

Participant (signature)

Phone # in case of emergency