RELEASE AND WAIVER AGREEMENT
I. DESCRIPTION OF EVENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , the undersigned, do hereby enter into this Release and Waiver Agreement with COMPANY. This Agreement is intended to cover any hands-on classroom and other activities associated with COMPANY’s for the iCan Girls in Engineering program in YEAR (hereinafter collectively referred to as “the Event”).

II. DISCLAIMER AND RELEASE

I understand that there are certain risks and dangers associated with the Event. I understand and acknowledge that COMPANY disclaims any responsibility or liability for any damage or injury caused by any action or inaction occurring during the Event. In voluntarily choosing to participate, I fully and freely accept and assume all risks, whether known or unknown to me, and I hereby waive my right to any specific notice of the existence of any specific risk or danger. Further, I do hereby agree to voluntarily release COMPANY, its agents, employees, representatives, contractors, affiliates and related corporate entities (collectively, the “COMPANY Parties”) from any and all claims and/or losses which may arise out of or be related to my participation in the Event.

III. PROTECTIVE DEVICES AND EQUIPMENT

I understand and acknowledge that COMPANY may require that I wear protective devices and equipment. I agree that I will wear these devices and equipment when requested at all times during my participation in the Event, and that should I fail to wear these devices and equipment, that APCO may terminate my participation in the Event.

IV. ESCORT BY APCO REPRESENTATIVES

I understand and acknowledge that at all times during the Event, I shall be accompanied by a designated COMPANY representative(s). I agree to stay with this COMPANY representative(s) at all times during the Event and agree that should I fail to stay with this COMPANY representative(s) at all times that COMPANY may terminate my participation in the Event.

V. AUDIO/VISUAL CONSENT AND RELEASE

I hereby consent and authorize the taking of photographs, video and audio recordings, or other reproductions (collectively, “Reproductions”) of me and consent to the use, copyright, license, publication and/or broadcast of such Reproductions for advertising, educational, promotional, publicity, or other purposes on the part of COMPANY in connection with its educational programs or any related or successor program, and in connection therewith, I hereby irrevocably grant to COMPANY the right to use, and to allow its affiliates to use, my name, likeness, voice and any and all materials related thereto in any Reproductions. I understand and agree that COMPANY may edit, alter or otherwise change the Reproductions as COMPANY determines necessary or desirable in its discretion. I waive all claims of review and/or compensation arising out of the publication and dissemination of the Reproductions. I further hereby voluntarily release and discharge the COMPANY Parties from any and all claims or causes of action which may arise out of or be related to any use, advertising, publicity or promotion of the Reproductions. I understand that COMPANY is under no obligation to use any Reproductions of me.

I acknowledge that I have read the above and foregoing RELEASE AND WAIVER AGREEMENT and fully understand its contents and binding effect and agree to and accept the terms. I represent that I am signing this agreement knowingly, voluntarily and of my own free will.

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PARTICIPANT NAME (Print):

PARTICIPANT SIGNATURE:

PARTICIPANT ADDRESS:

If participant is a minor:

The undersigned, being the legal parent or guardian of (the “Minor”), being of legal age and resident of the State of , does hereby consent and grant to COMPANY the rights set forth above with respect to the Minor. The undersigned further agree that the Minor will not disavow or disaffirm this release and waiver on the ground that the Minor was a minor on the date of execution of this release and waiver, or any similar grounds.

PARENT/GUARDIAN NAME (Print):

PARENT/GUARDIAN SIGNATURE:

DATE:

PARENT/GUARDIAN CONTACT INFORMATION:

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_