Parental Consent
 and General Release

General Liability, Medical, and Publicity

Please read carefully. To signify agreement, (1) clearly print the names requested in the first section, (2) initial each section in the box provided to the left of its title, and (3) sign and date in the spaces provided on page 4.

The Westlake & Eanes Science & Technology Association (“WESTA”) sponsors teams that participate in various robotics competitions, including, but not limited to, FIRST® Robotics. This includes sponsorship and support of robotics competition teams in the Eanes Independent School District (“EISD”), but does not extend to the EISD.

This consent and release form focuses specifically on WESTA’s involvement with these programs, is in addition to and does not supersede any similar forms provided to the EISD or any of its schools.

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|  | Parent/Guardian/Participant Consent |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(“child”), and I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent or guardian of the child (“guardian”), hereby acknowledge, agree to, and grant my consent to WESTA and volunteers representing WESTA for the following:

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please print clearly

please print clearly

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|  | Participation |

After careful consideration, I hereby voluntarily consent to my child’s participation in WESTA-sponsored events and other related activities. I acknowledge that my/my child’s participation may include helping to build and operate robots. This may, therefore, involve my/my child’s use of or close proximity to various tools, machinery, supplies, and electrical equipment that are inherently dangerous.

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| *Initial here* | Liability Release, Medical Authorization & Consent |

I further consent to and authorize WESTA volunteers to accompany me/my child to these events and activities and to accompany and transport me/my child to such, as well as special excursions and field trips in connection with my/my child’s participation in WESTA-sponsored programs. I acknowledge and fully understand that WESTA arranges for criminal background checks on all individuals who serve as mentors, sponsors, or chaperones through use of a system such as that offered by the *FIRST* Youth Protection Program, GivePulse, or other similar systems. However, WESTA may not perform criminal background checks on other persons who serve as short-term or event-specific volunteers and does not perform such background checks on individuals involved in WESTA-sponsored events through association with other organizations who may assist with WESTA-sponsored activities.

**I acknowledge and fully understand that: (1) I/my child will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses that might result no only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used; and (2) there may be other unknown risks not reasonably foreseeable at this time. I hereby voluntarily waive, release and discharge, and covenant to hold harmless, defend, and indemnify the volunteers and WESTA and any of their subsidiaries, affiliates, employees, officers, directors, shareholders, agents, contractors, successors, assigns, or affiliated organizations and sponsors, as applicable (the “releasee(s)”) from and against any and all claims, assertions, or suits for any and all liabilities, losses, costs, or damages whatsoever, including, but not limited to, attorney fees, whether arising out of, directly or indirectly, death or injury or damage to property (collectively, the “damages”), asserted against, by, or on behalf of me or my child, my or my child’s heirs or next of kin, or me as a result of my child’s participation in WESTA-sponsored activities or events, and/or being transported to or from WESTA or WESTA-sponsored activities. I hereby further covenant not to sue the Releasees for any Damages.**

**I have read the above waiver/release and understand that I/we have given up substantial rights by signing this release and sign below voluntarily.**

I hereby voluntarily authorize and give consent to WESTA and WESTA volunteers to decide medical attention for me/my child in case of a medical emergency. If unable to reach me or communicate with me, the volunteers have the right to admit me/my child to a hospital or emergency clinic and to release me/my child from the hospital or emergency clinic: to receive access to any and all necessary medical records and communications in regard to the medical emergency; to make decisions on medical care at the hospital or emergency clinic; and to provide over-the-counter medication to me/my child as needed. This consent also authorizes the release of this form and all medical and accident report forms to doctors, hospital, insurance companies, or other persons or entities as deemed appropriate by the volunteers and/or WESTA.

By signing this release, I understand that I am granting authorization to another person to view and release personal health information, as required, if an emergency arises and to make medical decisions in regard to me/my child’s health. I also understand that signing this release does not remove my responsibility for the payment of any medical treatment.

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|  | Publicity Release |

I further give permission for WESTA’s and any WESTA sponsor organization’s use of my/my child’s name, photographic image, video image, and/or voice for the purpose of publicity or marketing of WESTA and/or WESTA-sponsored activities and events and/or in publicity for WESTA-sponsored program or program participant activities, awards, or accomplishments.

If student is over 18 years of age:

 I certify that I am over 18 years of age: Date:

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Signature

 Name of Student

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If student is not over 18 years of age:

 Parent / Guardian / Participant (if over 18): Date:

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Signature

 Name of Parent / Guardian / Participant

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