

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

EVENT NAME: RoboCamp 2022

EVENT DATE(S): June 20th, 2022 through July 8th 2022

CAMP LOCATION: 6216 Beaumont Ave, La Jolla, CA 92037

In consideration of being permitted to participate in any way in camps, workshops, or programs, hereinafter called "Activity", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue RoboCamp, its instructors (Devin Breise, Roland Breise, <TBD>.) or the family members of the instructors from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Activity.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD HARMLESS RoboCamp, its instructors and the families of the instructors from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in Activity and to reimburse them for any such expenses incurred.

In the event of an accident or other emergency, I hereby authorize any Fleet employee, volunteer, or adult chaperone, to make arrangements considered necessary for my child to receive hospital or medical care, including necessary transportation. Under such circumstances, I authorize any licensed physician, emergency medical technician, paramedics, nurses, hospital, medical, or health care facility or provider ("Medical Provider") to provide medical care to the minor participant listed above for any injury and/or condition that occurs, manifests or arises at any educational camp, class, workshop or other educational program and/or related activity. I further authorize any Medical Provider to perform all procedures and/or services deemed medically advisable to treat or relieve, or attempt to treat or relieve any illness, injury and/or condition. I acknowledge that there is a possibility of complications and unforeseen consequences in any medical treatment, and I knowingly and voluntarily agree to assume such risk for and on behalf of myself and/or said minor participant. I also acknowledge that no warranty is being made as a result of medical treatment.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Student Name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____