

CONSENT, RELEASE, HOLD HARMLESS AND AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS
For
SI SE PUEDE FOUNDATION AND SI SE FOUNDATION STEM CENTER

Individual's Name _____

This is a Consent and Release of Rights in Favor of Si Se Puede Foundation, (SSPF) and its officers, directors, employees, and assigns, as well as entities designated and approved to assist SSPF in managing, contracting, sponsoring, hosting, conducting or publicizing (including individuals and entities working with SSPF in print, publications, television, broadcast or video media) in relation to the Si Se Puede Foundation and Si Se Puede Foundation STEM Center. As used below, "participant" shall mean any individual, student, mentor, teacher, or volunteer involved in any SSPF event. In consideration of the acceptance of my participation in the SSPF event, I agree to the following:

I hereby grant to SSPF, to SSPF's Cooperating Entities (includes any sponsors of SSPF or the SSPF STEM Center), and to the press and media admitted into SSPF events and STEM Center the right to photograph, videotape, or otherwise digitally collect my likeness, voice and sounds (as "Works") during my participation at SSPF events or SSPF STEM Center. I further acknowledge the Works by SSPF and SSPF's Cooperating Entities to be works made for hire, and otherwise irrevocably assign and grant to SSPF and the SSPF's Cooperation Entities all rights in these Works and the right to sublicense these Works and my name, likeness and biography, in SSPF's discretion, in all media and in all forms and for the purposes, including without limitation, advertising and other promotions for SSPF or SSPF's Cooperation Entities, without any further consideration to me or any limitation whatsoever. It is an SSPF policy not to print a minor's name with his/her picture without specific permission from his/her parent or guardian.

There are risks inherent in participating in SSPF events and the SSPF STEM Center, including the risks inherent in the construction of robots as well as working with electrical connections, traveling to and from events, and participating in public competitions. These risks include the risk of bodily harm (including without limitation, death) and property damage. Being fully cognizant of the risks in participating in an event, I hereby assume those risks. **Except to the extent due to the gross negligence or willful misconduct of SSPF or SSPF's Cooperating Entities, to the fullest extent permitted by applicable laws, I HEREBY WAIVE ANY CLAIMS OR CAUSES OF ACTION which I may now or hereafter have against SSPF and SSPF's Cooperating Entities arising out of my participation in any SSPF event or activities at the SSPF STEM Center, and I will indemnify and hold harmless SSPF and SSPF's Cooperating Entities against any and all claims resulting from such participation.**

I HEREBY RELEASE SSPF and SSPF'S Cooperating Entities and their respective successors, affiliates, licensees and assigns from all claims, demands, liabilities, damages and costs and expenses attorneys' fees, other professional fees and expenses, and any claims including, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever that I may now or hereafter have against SSPF and SSPF's Cooperation Entities arising in conjunction with my participation in any SSPF event ro activities at the SSPF STEM Center.

In the event I should sustain injuries or illness while involved in an SSPF EventPF STEM Center, I hereby authorize SSPF and SSPF's Cooperation Entities to administer, or cause to be administered, such first aid or other treatment and medications I may bring as may be necessary under the circumstances, to include treatment by a physician or hospital of SSPF or SSPF's Cooperating Entities choice.

This release shall be binding on my heirs, personal representatives and assigns, and me and shall be governed by and construed under the laws of the state of Arizona, which shall be the venue for any legal action. This Release constitutes the entire agreement among the parties hereto with respect to the subject matter of this Release and supersedes any and all previous agreements among the parties, whether written or oral, with respect to such subject matter.

SSPF strongly believes in confidentiality of the below contact information. SSPF promises that it will not rent, sell, or distribute this contact information to any organization other than those directly involved in the operation and support of SSPF programs. SSPF will be using the personal contact information provided here as part of its participant database and to contact the SSPF participant and / or the participant's guardian as part of its research, program evaluation, or alumni efforts and other outreach programs.

I understand that this form involves a release of legal rights.

Participant Name Participant Signature Date

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home () _____ E-Mail Address: _____

Age: _____ Gender : _____ (M) _____ (F)

For Participants under the age of 18 years listed above: I hereby consent and agree to the above as the Parent/ Legal Guardian of

_____ (minor's name), in which case "I", "me" and "my" as used herein shall refer to said minor.

Parent or Legal Guardian Signature

Print Parent or Guardian Name