2013-2014 CONSENT, RELEASE, HOLD HARMLESS AND AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS

Event(s):2/7/14 CSM VEX U Robotice Role: O Mentor O Team Leader O This is a Consent and Release of Right employees, successors and assigns ("C sponsoring, hosting, conducting, evalu- television, broadcast or video media). in a CSM event. (Mascots, cheerleade- sign this Consent Form.) In considerate	Student Participant O Vots in favor of the College of Sou CSM"), as well as entities designating or publicizing (including As used below, "Participant" rs, and band squads ("Support	nated and approved to assi ng individuals and entities means any individual, stud ers") not only attending bu	st <i>CSM</i> in managing, contracting, working with CSM in print, publicalent, mentor, teacher, or volunteer in tracticipating in a <i>CSM</i> Event should	ition, ivolved	
I hereby grant to <i>CSM</i> , to <i>CSM</i> 's Cooperate otherwise digitally collect my likeness, voic works made for hire, and otherwise irrevocuse or sublicense these Works and my name without limitation, advertising and other pulimitation whatsoever. It is a CSM policy reguardian.	e and sounds (as "Works") during tably assign and grant to CSM and e, likeness and biography, in CSM's cromotions for CSM or the CSM's	my participation at the CSM E to CSM's Cooperating Entities s discretion, in all media and in Cooperating Entities, without	Event(s). I acknowledge the Works to be all rights in these Works and the right to all forms and for all purposes, including any further consideration to me or any		
There are risks inherent in participating is with electrical connections, traveling to an harm (including without limitation, dea	nd from events, and participatin th) and property damage. Being	g in public competitions. The fully cognizant of the risks	hese risks indude the risk of bodily in participating in an Event, I hereby		
assume those risks. Except to the e	· ·				
Cooperating Entities, to the full		• =			
RELEASE ANY CLAIMS OR CAUSES OF ACTION which I may now or hereafter have against CSM and CSM's Cooperating Entities arising in connection with my participation in any CSM Event, and I will					
indemnify and hold harmless CSM and CSM's Cooperating Entities against any and all claims resulting					
from such participation, including	-	•	_		
privacy, or other infringements of	0.	<u> </u>	-		
In the event I should sustain injuries administer, or cause to be administered circumstances, to include treatment border the laws of the State of Marylan the parties hereto with respect to the swhether written or oral.	ed, such first aid or other treating a physician or hospital of <i>CS</i> y heirs, my personal represented which shall be the venue for subject matter of this Release a	ment and medications I made M's or CSM's Cooperating I statives and assigns, and meany legal action. This Reland supersedes any and all	by bring as may be necessary under the Entities' choice. and shall be governed by and constructed constitutes the entire agreement such previous agreements among the	ned nt among ne parties,	
CSM strongly believes in confidential information to any organization other personal contact information provided guardian as part of its research, progr	than those directly involved in I here as part of its participant	n the operation and support database and to contact th	t of CSM programs. CSM will be using CSM participant and/or the partic	ng the cipant's	
Unless I check this box to remove for CSM's research, program evaluation			ersonal contact information provided	l here	
I understand that this form involves a re	elease of legal rights.				
Participant Name [Print Clearly]	Participant Signature	Date			
Address:	Gity:	State:	Zip:		
Phone: Home ()(F)	Email address: _		Gender:(M)		
Date of Birth: Month: Date: Year:	Ethnicity (optional):O His	spanic O Non-Hispani	с		
Race: (optional) OAfrican-American O	Asian/Pacific Islander O Na	tive American/Alaskan OWh	ite O Multiple races		

For Participants under the age of eighteen (18) years listed above:	I hereby consent and agree to the above on Page 1 (one) 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