

# Mid-Atlantic Gigabit Innovation Collaboratory (MAGIC) ARIC Facility Minor Waiver

On behalf of myself, my children and children in my care participating in any activities at the Autonomous Robotics Center site, I acknowledge and agree to the terms and conditions of this waiver as identified below:

1. I, and the children in my care who will participate in any activities are physically, mentally and emotionally fit to participate in such activities.
2. There are risks, both known and unknown, in participating in robotic demonstrations, classes, and competitions. This includes, but is not limited to physical injury, emotional injury and distress. I am fully responsible for making all parties (essentially including, but not limited to, the host parent and facility personnel) aware of any special needs or allergies my child/children may have. The risk of serious injury from participating in activities, although minimal, does exist as it does in all play and amusement activities.
3. I hereby consent to the use of my name, likeness, picture, and/or voice by the Mid-Atlantic Gigabit Innovation Collaboratory, Inc. (MAGIC) for broadcast, promotion, direct exhibition, and subsidiary purposes. Such uses will not be made as direct endorsement of any product or service. I hereby indemnify you and your licensees respecting any claim arising from my actions or statements on the program. No compensation will be received in exchange for permissions granted herein.
4. I, on behalf of myself, my children, my family members, children in my care, my heirs and my guests, knowingly and freely assume all risks of injury and agree to hold harmless MAGIC, its owners, shareholders, managers, agents and employees with respect to any claims, demands, causes or rights of action, even if arising from the actions, acts of omission or negligence of said entities or individuals.

I HAVE READ THIS WAIVER OF LIABILITY AGREEMENT, FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS FOR MYSELF AND THOSE FOR WHOM I HAVE ASSUMED RESPONSIBILITY. MY SIGNATURE ON THE ATTACHED SHEET INDICATES THAT I FREELY AND VOLUNTARILY AGREE TO THESE TERMS.

Minor's printed name: \_\_\_\_\_

Parent/Guardian printed name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_