techathalon®

Participant Release Form

Your child has been selected to participate in the Techathalon™ program. As a participant, your child will have the opportunity to showcase his or her technology talents in a variety of hands-on challenges in math, science, technology and engineering. Participation in the Techathalon™ program is contingent upon the completion and return of this form.

PARTICIPANT INFORMATION		
Name (please print):		
Birth date:		
Gender: **M** **F**		
Ethnicity:	☐ American Indian or Alaska Native	☐ Asian
	☐ Black or African-American	☐ Hispanic or Latino
	☐ Native Hawaiian or Other Pacific Islander	☐ White (Caucasian)
T-Shirt Size (circle one) **S** **M** **L** **XL** **2XL**		
PARENT INFORMATION		
Name (please print):		
Home Phone:		Work Phone:
Cell Phone:		
EMERGENCY CONTACT INFORMATION		
Emergency Contact Name (please print):		
Relationship to Participant:		
Phone Number:		

Please read and initial the statements below. Your initials indicate you have read and understand them.

_____ I understand that Techathalon™ and Boys & Girls Clubs from time to time produce promotional material relating to programs. I understand that as a participant and/ or a spectator at the event, my child may be included in videotapes, photographs and podcasts taken during Techathalon. Without reservation or limitation, I agree to allow Techathalon™ and Boys & Girls Clubs permission to use my child's picture and likeness in program and organizational publications.

_____ In case of an emergency, I understand that every effort will be made to reach me. However, I give consent for my child to receive any reasonable medical treatments as deemed necessary by a licensed medical practitioner. I/we hereby release Boys & Girls Clubs, its employees, agents, participants, volunteers and all other persons of entities acting on their behalf free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed medical practitioner I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the Health insurance Carrier.

_____ I understand that my signature grants my child's participation in Techathalon™.

_____ _____

Parent/Guardian Signature Date