



Lynbrook Robotics
 FIRST Team 846
 Lynbrook High School
 1280 Johnson Avenue, San Jose CA 95129

Release Form 2016-2017

Participant's Name: _____

As used below, "LRT" shall mean Lynbrook Robotics Team, and its officers, advisors, and (including any third party designated and approved by LRT at any time, including, without limitation, individuals or entities involved in print, publication, television, broadcast, or video media). As used below, "Participant" shall mean any individual, student, mentor, teacher, or volunteer involved in LRT. In consideration of the acceptance of my participation in LRT, and related programs, meetings or events, I agree to the following:

I understand that participating in the LRT necessitates working with machinery and being in circumstances that may be hazardous to my health. I also understand that it is my responsibility to understand and obey all safety procedures and warnings.

In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in the Lynbrook Robotics Team's various activities. I hereby release the Lynbrook Robotics Team and its advisors, officers, mentors, or equipment used by the team from any liability, costs and damages resulting from this individual's participation.

In addition, the participant and I understand that photographs, videotapes, and other recordings will be made of participants in LRT, including the participant. The participant and I consent to those photographs, videotapes, and other recordings and the use thereof (i) as part of a record of the Program and (ii) to promote the Program and its sponsors.

Participant's Signature: _____

IF THE PARTICIPANT IS A MINOR:
 (Under age of 18 at time of registration)

I agree that the minor has my consent to participate in activities stated above, and to abide by all safety rules and warnings as given by mentors and officers.

I also give my consent for the Lynbrook Robotics Team to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

 Parent/Guardian's Name

_____/_____
 Parent/Guardian's Signature / Date

Emergency Contact:

 Emergency Contact's Name

 Emergency Contact's Phone Number

 Emergency Contact's Name

 Emergency Contact's Phone Number

Lynbrook Robotics Team Member Donation

The Lynbrook Robotics Program provides a special opportunity for students to explore real- world engineering. This opportunity is offered beyond the public school curriculum. We are financially supported by parent contributions along with parent and student efforts to raise funds to meet our annual budget goal of \$30,000. We suggest a contribution of \$50 for new members and \$150 for returning members. Without your support, we cannot have this amazing program!

- Yes**, I have attached \$50 / \$150 / \$_____ to support the Lynbrook Robotics Team.
- No**, I cannot or do not wish to support the Lynbrook Robotics Team with a monetary donation

Please make checks payable to: **Lynbrook ASB - Robotics**.