



Informed Consent, Release and Media Authorization Form
REQUIRED FOR ALL PARTICIPANTS

This form is for (Check one): [] Student [] Coach [] Volunteer

Coach/Team ID: _____ Team Organization Name: _____

Print Participant Name (full legal name): _____ Age (If under 18): _____

For the purposes of this document, "Robofest" shall be Lawrence Technological University (LTU), and its officers, directors, employees, assigns, and agents, including any third party designated and approved by Robofest at any time.

1. I, the Participant (or parent/guardian if student is under 18 years of age), agree that participant data will be used for Robofest programs such as printed participation certificates and personalized medals.

() Initials

2. I, the Participant (OR parent/guardian if student is under 18 years of age), hereby grant to Robofest and its Partners the right to photograph and/or videotape me during my participation in an Event.

() Initials

3. I, the Participant (OR parent/guardian if student is under 18 years of age), being fully cognizant of the risks in participating in an Event, hereby assumes the risks of bodily injury and property damage, inherent in such participation.

() Initials

Informed Consent for Participation in Assessing the Impact of Autonomous Robotics Competitions in STEM Education - This applies to ONLY STUDENT Participants

On behalf of the STUDENT PARTICIPANT, I authorize participation in the Assessing the Impact of Autonomous Robotics Competitions in S.T.E.M. Education conducted by LTU, 21000 W. Ten Mile Rd, Southfield, MI, 48075, USA.

() Initials

Participant Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: _____ Email (optional): _____

Signature of Participant: _____ Date: _____

(If Participant is under 18 years of age, Parent/Guardian (full legal name))