

Parent/Student Authorization Form

Advanced Vertical Robotics Authorization Form – 2025-26

CONSENT, RELEASE, HOLD HARMLESS AND AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS

This form is required of all minors and adults who attend the Advanced Vertical Robotics competition (AVR). Copies of this completed form are to be retained and kept on file by the minor's parents, advisors and/or school administration. It is the responsibility of the advisor to make sure there is a completed form for each participant and to give a copy to the school administrator if necessary. Advanced Vertical Robotics reserves the right to request a completed copy of this form at any time from the team advisor. Do not send this form to the Advanced Vertical Robotics office.

As used below, AVR shall mean the Advanced Vertical Robotics competition and its officers, directors, employees, assigns, and agents (including any third party designated and approved by AVR) 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, advisor, teacher, or volunteer involved in an AVR activity. The participation in any AVR contest, program, meeting, or conference (collectively, the "Event"), agrees to the following:

I hereby grant to AVR the right to photograph and/or videotape me (my child) during my participation in an Event. I further grant to AVR, forever and throughout the world, the right to use these photographs and videotapes of my likeness, voice, and sounds during my participation, and to reuse or license the right to such photographs and videotapes of my participation, and my name, likeness and biography, as AVR may desire, in all media and in all forms and for all purposes, including without limitation, advertising and other promotions for AVR, without further compensation to me or any limitation whatsoever. In granting this license, I understand that AVR is not under any obligation to exercise any of their rights, licenses, and privileges herein granted. Each such photograph and videotape shall be a work for hire and AVR shall be deemed the owner of any copyright and/or trademark rights therein (and all applications, registrations, and renewals resulting there from). If, however, the work is deemed not to be a work made for hire by a court of competent jurisdiction, then this Consent and Release to Produce Physical Likeness ("Release") shall constitute an irrevocable assignment by the Participant of the worldwide copyright in the work to AVR. It is an AVR policy not to print a minor's picture accompanied by his/her name unless AVR has obtained specific permission from his/her parent or guardian.

The undersigned, being fully cognizant of the risks in participating in an Event, hereby assumes the risks of bodily injury (including, without limitation, death) and property damage inherent in such participation. Exception to the extent due to the gross negligence or willful misconduct of AVR, to the fullest extent permitted by applicable laws, I hereby waive any claims or causes of action which I may now or forever have against AVR arising out of my participation and I will indemnify and hold harmless AVR against any and all claims resulting from such participation.

I hereby release AVR and its respective successors, affiliates, licensees, and assigns from all claims, demands, liabilities, damages, costs and expenses (including, without limitation, attorney's and other professional fees and expenses) that I may now or ever have against AVR arising in connection with my participation in the Event and AVR's exercise of rights hereby granted, including, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort. In the event I should sustain injuries or illness while involved in an Event, I hereby authorize AVR to administer or cause to be administered such first aid or other treatment and medications I may bring as may be necessary under the circumstances, to include treatment by a physician or hospital of AVR's choice.

This Release shall be binding upon my heirs, personal representatives, and assigns, and me and shall be governed by and construed under the laws of the State of Ohio without regard to conflicts of laws principles. The venue for any legal action arising out of or in connection with this Release shall be in Marion County, Ohio. This release constitutes the entire agreement among the parties hereto with respect to the subject matter of this Release and supersedes any and all previous agreements among the parties, whether written or oral, with respect to such subject matter. I understand that this form involves a release of legal rights. A parent or guardian agrees to all of these terms on behalf of a minor.

Participant's Name _____

Participant's Signature _____

School _____

Home address _____ City _____ State _____ Zip _____

Allergies _____

Current Medication _____

History of heart condition, diabetes, asthma, etc. _____

Physician's name and telephone _____

Insurance company and policy number _____

Parent/Guardian's Name _____

Signature of Parent/Guardian of Minor Participant _____

Minor's Age _____

Parent's Phone _____ (h) _____ (c) Email _____