



Mentor/Volunteer Registration Form

Consent, Release, Hold Harmless, and
Authorization to Reproduce Physical Likeness

Complete information below (please print legibly).

Date: _____

MENTOR/VOLUNTEER INFORMATION

| | | | | | |
|--|---------------------------------------|--|--|-------------------------------|---|
| BADGERBOTS PROGRAM: | <input type="checkbox"/> Minor League | <input type="checkbox"/> FLL | <input type="checkbox"/> FTC | <input type="checkbox"/> FRC | <input type="checkbox"/> SUMMER DAY CAMP |
| MENTOR/VOLUNTEER NAME: | | | DOB: | | GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| COMPANY OR SCHOOL ATTENDING: | | | COMPANY OR SCHOOL ADDRESS: | | |
| HOME PHONE: () | CELL PHONE: () | WORK PHONE (OPTIONAL) () | | OTHER PHONE: () | |
| PRIMARY EMAIL ADDRESS: | | | SECONDARY EMAIL ADDRESS (OPTIONAL): | | |
| ADDRESS: | | | CITY: | STATE: | ZIPCODE: |
| PERSON TO CONTACT IN CASE OF EMERGENCY: | | | RELATIONSHIP: | CELL PHONE: () | HOME PHONE: () |

ADDITIONAL EMERGENCY CONTACT INFORMATION (Optional)

| | |
|--------------------------------|---------------------------|
| EMERGENCY CONTACT #1: | RELATIONSHIP: |
| CELL/HOME PHONE: () | WORK PHONE: () |
| EMERGENCY CONTACT #2: | RELATIONSHIP: |
| CELL/HOME PHONE: () | WORK PHONE: () |

MEDICATION / MEDICAL CONDITION

Please describe medications and medical conditions ONLY if they affect your safety or the appropriate medical treatment should an injury or illness occur.

| | | |
|-------------------------------|---------------------------------|-----------------------------------|
| MEDICINE: | WHEN IS IT ADMINISTERED: | DOSAGE: |
| MEDICINE: | WHEN IS IT ADMINISTERED: | DOSAGE: |
| MEDICATION CONDITION : | | SYMPTOMS: |
| APPROPRIATE RESPONSE: | | ALLERGIES (FOOD OR OTHER): |

Your signature grants BadgerBOTS Robotics Corporation and its agents the right to authorize emergency medical treatment to you if you are unable to provide consent yourself at the time.

____ Initials

T-SHIRT SIZE (CHOOSE ONE BELOW)

| | | | | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Youth S | <input type="checkbox"/> Youth M | <input type="checkbox"/> Youth L | <input type="checkbox"/> Adult S | <input type="checkbox"/> Adult M | <input type="checkbox"/> Adult L | <input type="checkbox"/> Adult XL | <input type="checkbox"/> Adult XXL | <input type="checkbox"/> Adult XXXL |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|------------------------------------|-------------------------------------|

WAIVER AND RELEASE; PLEASE READ AND SIGN BELOW

_____ (please neatly print mentor/volunteer name), agrees to the following conditions to participate in all activities related to BadgerBOTS Minor League, FLL, FTC, FRC and Summer Camp programs.

As used below, "BadgerBOTS" shall mean the non-profit corporation known as BadgerBOTS Robotics Corporation and its directors, officers, advisors, leaders, mentors, teachers, volunteers, agents and assigns. As used below, "Participant" shall mean any individual involved in BadgerBOTS in any way, shape or form.

I agree to the following:

Use of Likeness. BadgerBOTS, or anyone authorized by BadgerBOTS, has the right to make and have made, publish, reproduce, use, translate, and reuse any photograph(s), videotape(s), voice recording(s) or likeness(es), including, use of said content in any advertising, promotional or publicity matter or purposes. I further agree that BadgerBOTS may use said content in any format now known or later developed, including but not limited to electronic publication. All photographs, negatives, prints, transparencies, drawings, reproductions, videotape, voice recordings, electronic files, sketches and written works made by or for BadgerBOTS shall be the exclusive property of BadgerBOTS.

Authorization for Emergency Medical Treatment. In the event I sustain injuries or illness while involved in BadgerBOTS, I hereby authorize BadgerBOTS 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 BadgerBOTS' choice.

Release from Liability. The undersigned, being fully cognizant of the risks in participation in a science, technology, engineering, mathematics and robotics focused program, hereby assumes the risks of bodily injury (including, without limitation, death) and property damage, inherent in such participation. I hereby release BadgerBOTS and their respective successors, affiliates, licensees and assigns from all claims, demands, liabilities, damages, costs and expenses (including, without limitation, attorneys' and other professional fees and expenses) that I may now or hereafter have against BadgerBOTS arising in connection with my participation in BadgerBOTS programs and their 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 whatsoever. This waiver and release shall also inure to the benefit of the successors, assigns, and licensees of BadgerBOTS.

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 Wisconsin without regard to conflicts of laws principles. Venue for any legal action arising out of or in connection with this Release shall be in Dane County, Wisconsin, and jurisdiction shall be vested exclusively in the District Court in and for Dane County, Wisconsin, or, if appropriate, in the Federal District Court for the District of Wisconsin. 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 subject matter.

I understand there is no registration fee to be a mentor/volunteer; however, there may/will be costs for team competitions, field trips or other special events.

I understand that a background check will be completed on me and that BadgerBOTS reserves the right to refuse participation of an individual based on the outcome.

In the event I am injured or become ill while involved in a BadgerBOTS activity, I hereby authorize such aid or treatment as may be necessary under the circumstances to include treatment by a physician or hospital.

I give BadgerBOTS my permission to mail or email me about program information or additional information about current and future BadgerBOTS events and activities. We understand that having your personal information is a privilege and would never give or sell your information to another organization. At any time you want to discontinue receiving emails from BadgerBOTS, simply contact us or opt-out in the footer of the email.

SIGNATURE OF MENTOR/VOLUNTEER

DATE:

For additional information contact BadgerBOTS Robotics Corporation, 7615 Discovery Drive, Middleton, WI 53562; staff@badgerbots.org ; (608) 831-6480; www.badgerbots.org

FOR OFFICE USE ONLY:

BACKGROUND CHECK COMPLETED:

DATE APPROVED: