

VPTC TECHTOUR PARTICIPATION & RELEASE FORM

As a parent or guardian of (please print) _____, who is the applicant, I request for my daughter/son/ward to be a participant in the TechTour (hereafter referred to as ‘the program’), offered by the Virginia Piedmont Technology Council (VPTC) of Charlottesville, VA. Because participants will be admitted to very advanced technology centers, I understand and will ensure that my above named son/daughter/ward will:

- Abide by instructions of the program coordinator and his staff;
- Abide by directions of tour stop host staff
- Dress in long pants and closed-toe, non high-heel footwear
- Represent themselves in an exemplary fashion

I also understand that if the above-named individual does not abide by these requirements, he/she may not be allowed to participate in the program.

In case of medical or other emergency, I hereby give and grant permission to any licensed physician, dentist, hospital or emergency service reasonably selected by the program coordinator/s and his/her representatives to secure medical care and treatment, including, but not limited to, any X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment for my daughter/son/ward named above. I also release the coordinator/s and his/her representatives, the VPTC, the tour host organizations and their respective employees, sponsors and volunteers (each, a “Releasee”) from all responsibility for any liability arising out of any illness, injury or accident which may be sustained by my daughter/son/ward while in their care, which does not involve the gross negligence or willful misconduct of the specific Releasee. In case of emergency where parents/guardians cannot be contacted, an ambulance or emergency personnel will be notified. I understand that reasonable efforts will be made to contact me immediately in the event that something unforeseen happens that needs immediate attention, and I assume responsibility for payment for all medical care for the benefit of my daughter/son/ward. If the coordinator/s and his/her representatives are unable to contact me, I hereby authorize them to grant any medical or legal authority which I could grant if personally present in any emergency or urgent situation affecting my daughter/son/ward.

I also understand that slides, photos, video and/or interviews of program activities may be recorded, and I hereby grant permission for the VPTC to use any of those containing my daughter/son/ward’s name or image for publicity, promotional or news purposes.

I hereby agree for my daughter/son/ward and his or her heirs, legal representatives, successors and assigns, that the above representations, warranties and agreements are contractually binding, and that should any of us assert a claim contrary to any of them, his or her estate and I will indemnify and hold harmless each of the Releasees from any and all liabilities, damages, costs and expenses (including legal fees and expenses) incurred by the Releasees as a result. This contract may not be modified orally, and a waiver or modification of any provision shall not be construed as a waiver or modification of any other provision herein or as a consent to any subsequent waiver or modification. I consent to the release by any third party to Releasees and their insurance carriers of my daughter/son/ward’s name and medical information that may relate to any injury that he or she may suffer in connection with the program. Every term and provision of this contract is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable. This contract shall be interpreted and governed in accordance with the laws of the Commonwealth of Virginia.

Printed Name of Parent/Guardian: _____

Emergency Phone #s: _____

Address: _____

City, State, Zip: _____

Restrictions (Health, Dietary, Activity): _____

Signature of Parent/Guardian: _____ **Date:** _____