

# Hudson STEM Alliance, Inc.

## Consent and Release Agreement

(also available on the web at <http://www.hudsonstem.org/consent.pdf>)

An executed copy of this agreement for the current fiscal year is required for participation in any and all activities, programs and events sponsored by the Hudson STEM Alliance, Inc. In consideration of the right and opportunity of the undersigned to attend and participate, the undersigned for him/herself and for his/her heirs and legal representatives hereby:

- 1.** Fully and forever releases the Hudson STEM Alliance, Inc. (herein referred to as HSA), and all of its past, present, and future affiliates, officers, directors, volunteers, judges, peer-reviewers, committee members, employees, attorneys, agents, successors and assigns, and each of them, from any and all claims, damages, and causes of action of whatsoever kind or nature resulting from or relating to the undersigned's involvement, participation in or attendance at the activity, program or event;
- 2.** Certifies that the undersigned carries valid health insurance coverage and authorizes the HSA and any of its agents to provide, obtain, or designate any reasonable medical treatment and/or emergency medical treatment in the event of illness, injury, accident or incapacity of the undersigned;
- 3.** Agrees to abide by all regulations and rules established by the HSA;
- 4.** Agrees to indemnify the HSA against, and to save it harmless from, any and all damages, actions, causes of action, claims, judgments, executions, debts, costs of litigation and attorney fees which may in any way arise out of, or result from, the use by the undersigned of the property and facilities owned, used, or rented by the HSA;
- 5.** Grants to the HSA, and its successors, assigns, agents, grantees, and licensees, the right to take and reproduce writings, photographs, films, and voice recordings of the undersigned while the undersigned participates in the activity, program or event, and to use the same and the undersigned's name and any past, current, or future biographical information submitted to the HSA for any and all purposes and in any manner, including commercial publications and advertisements of all kinds in all media;

6. This Consent and Release Agreement contains the entire agreement and understanding between and among the parties as to the subject matter hereof, and shall be binding upon the undersigned and the undersigned's heirs, administrators, executors, and assigns.

I have read and understand each of the above paragraphs. I understand that by signing this Consent and Release Agreement, I give up valuable rights.

Signature of Participant(s): \_\_\_\_\_

Printed Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone Number & e-Mail: \_\_\_\_\_

Date(s) of birth: \_\_\_\_\_

The following is required for minors (<18 years of age): In consideration of the services and facilities provided by the HSA, I, (print name) \_\_\_\_\_ parent and/or guardian of the above Participant(s), a minor, hereby give my express consent to the execution of this Consent and Release Agreement and that I assume all liability and obligations of Participant as set forth in said paragraphs.

Signature of Parent: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail To: HSA, P.O. Box 1146, Hudson, OH 44236**  
or [dongermano@hudsonstem.org](mailto:dongermano@hudsonstem.org)