



RELEASE FORM

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2. I expressly acknowledge that I am knowingly and voluntarily taking part in the activities for which my image is being captured without financial compensation and understand the requirements associated therewith.
3. I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, from dangerous or defective equipment or property owned, maintained, or controlled by IEEE Entities or because of IEEE Entities’ negligence or carelessness. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or other problems which preclude my participation in this activity. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.
4. I hereby expressly release and forever waive any and all claims, actions, causes of action, demands, rights, damages, costs, attorney’s fees, losses and expenses which I may have against IEEE or any of their respective subsidiaries, affiliates or agents and all such entities’ officers, directors, agents, employees, respective successors and assigns related to or arising from my participation. I also acknowledge that IEEE Entities have not arranged and do not carry insurance of any kind for my benefit or the benefit of my executors, administrators, heirs, next of kin, successors or assigns.
5. I agree that IEEE will have the right to attribute statements to me, which are expressions of my personal experience and belief, which may be contained in any resulting media. I agree that no portion of the resulting media containing my name, biographical information, quotes, photographs, or recorded interviews needs to be submitted for any approval prior to my participation.

6. I represent I am able to participate in these activities and that, to the extent it is required, I have obtained the permission of my employer, institution, etc. prior to my participation.
7. I acknowledge that I have carefully read and understand this document and what it means with respect to my participation. I warrant, represent, and agree that I have the full power and authority to enter into this agreement.

A. Team Members:

1) _____
Signature

Full Name Printed

Date

Email Address

2) _____
Signature

Full Name Printed

Date

Email Address

3) _____
Signature

Full Name Printed

Date

Email Address

4) _____
Signature

Full Name Printed

Date

Email Address

B. Mentor:

1) _____
Signature

Full Name Printed

Date

Email Address

C. Institute (Competent Authority HOD/Principal):

1) _____
Signature

Full Name Printed

Date

Email Address