

# CowTown ThrowDown Robotics Invitational

## WAIVER AND RELEASE FORM

PARTICIPANTS NAME

AGE

PARENT/ GUARDIAN NAME (IF PARTICIPANT IF UNDER 18)

HOME PHONE

EMAIL

ADDRESS

CITY/ ST/ ZIP

I understand that participation in the CowTown ThrowDown Robotics Invitational is voluntary and that the activity carries some physical risk. I agree to assume the risk of any illness, injury or damage to myself or personal property resulting from my participation in this activity. I hereby release and discharge Cerner Corporation and their respective officers, directors, employees and agents from all liabilities, claims, demands, controversies, damages, actions and causes of action, which result from or arise out of the participation by me in this activity.

I hereby release Cerner Corporation and their respective officers, directors, employees and agents generally from all claims, including but not limited to claims for bodily injury, death or property damage arising from my participation in the activity and the use of Cerner Corporation's facilities by me. I assume responsibility for all liability in connection with such claims and agree to indemnify Cerner Corporation against any such claims and related costs, including claims by any minor which may be brought after attaining majority.

CowTown ThrowDown Robotics Invitational participants irrevocably grant, at no cost to Cerner Corporation the absolute right and permission to use their name, voice, image, likeness, biographical materials world-wide, in perpetuity, in all forms of media now and forever known, including video footage, for the sole purposes of advertising, promoting, reporting and disseminating information regarding the CowTown ThrowDown Robotics Invitational and CowTown ThrowDown Robotics Invitational participants.

**I hereby represent and warrant by my signature, that I am 18 years of age or I am the legal parent or guardian of the participant listed above. I have read and fully understand and accept each of the above conditions for participation in this activity.**

\_\_\_\_\_  
Signature of Participant (if over 18 years)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date