

FPE Design Challenge

Consent and Release

In consideration of being permitted to participate in the FPE Design Challenge (hereinafter the "Program") offered by the University of Maryland, Fire Protection Engineering Department (hereinafter the "University"), I voluntarily agree to indemnify, release and hold harmless the State of Maryland, the University and its officers, agents, employees and volunteers from any and all costs, liabilities, expenses, claims, compensation, demands, causes of action on account of any loss or personal injury to me that might result from participation with the Program, whether arising through my own negligence, omission, default or that of the University.

Further, I understand that photographs are not considered 'directory information' by the University as defined by the federal Family Educational Right & Privacy Act (FERPA). Consequently, my likeness cannot be used without this grant of permission. In addition, I understand that with this Consent and Release, I am expressly granting the University permission to use and release my likeness in either photographic or videographic format for future University use. Finally, I understand that I am free to withdraw my consent at any time without penalty and that the University will not be required to notify me prior to using or releasing my likeness.

I understand that in this Program, participants will be exposed to laboratories and experiments all related to engineering. Participants are responsible for their own personal expenditures. As with any laboratory activity, there are certain inherent and unforeseen risks and losses that cannot be prevented. Should I require emergency medical treatment as a result of illness, injury or accident arising during the Program, I consent to such treatment. I will notify the University in writing if I have any medical conditions (e.g., allergies, asthma, epilepsy, bee sting reactions, etc.) that may limit the extent of my physical abilities/participation and about which emergency personnel should be informed.

I have read and signed this document with full knowledge of its significance. I further state that I am either 18 years of age or older and competent to sign this Consent and Release, or that I have discussed this with my parents/legal guardian, who agree with my decision to participate in the Program and to all of the terms and conditions stated above.

Please list any food allergies for the participant:

Please list any medical conditions for the participant:

Name of Participant

(Please Print)

First

MI

Last

Signature of Participant

Signature

Date

Signature of Parent/Guardian

*(If Participant is Under 18)

Signature

Date