

Assumption of the Risk & Medical Release

Event/Program Name: CoderDojo NOVA Date(s): _____
Location Name: Annandale Campus Address: 8333 Little River Turnpike, Annandale, VA

I agree that as a participant in this program associated with Northern Virginia Community College (the "College"), I am responsible for my own behavior and well-being. I accept this condition of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity, including, but not limited to (*potential risks of the activities or related to the work environment* [very specifically, list here the potential risks involved that the student is assuming]):

I understand that in the event of accident or injury, personal judgment may be required by College personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the College and/or CoderDojo NOVA personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition. I further agree to abide by any and all specific requests by the College and CoderDojo NOVA for my safety or the safety of others, as well as any and all of the College's and CoderDojo NOVA rules and policies applicable to all activities related to this program. I understand that the College reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others.

In consideration for being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of my property which may occur as a result of my participation or arising out of my participation in this program, unless any such personal injury, damage to or loss of my property is directly due to the negligence of the College and/or CoderDojo NOVA. I understand that this form will remain in effect during any of my subsequent visits and program-related activities, unless a specific revocation of this document is filed in writing with CoderDojo NOVA, at which time my visits to or participation in the program will cease.

PERMISSION FOR EMERGENCY TREATMENT

In the event of my injury or illness, I hereby authorize any representative of Northern Virginia Community College to secure any necessary treatment, including the administration of an anesthetic and surgery. I understand any costs for such treatment are my/our responsibility.

RELEVANT MEDICAL INFORMATION

Please indicate any relevant medical information, including medical conditions and medications currently taken:

MEDICAL INSURANCE INFORMATION

Insurance Company: _____ Policy #: _____

In case of an emergency notify: _____ Phone: _____

Relationship to participant: _____

On rare occasions an emergency will develop which requires medical care, hospitalization or surgery for a participant. So that such treatment can be administered without delay, the College requires that each participant, and the parent or legal guardian of any participant under 18, sign the statement below authorizing Northern Virginia Community College representatives to secure any necessary treatment. By signing this form, the participant, or the participant's parent or guardian, allows the provision of emergency treatment and waives the right to confidentiality as to all matters pertaining to the care and condition of the participant.

I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my free will.

I represent that I am 18 years of age or older and legally capable of entering this agreement.

Participant's Name (Printed)

Signature of Participant (or Parent/Guardian)

Date

Address

CoderDojo NOVA Participant Conduct

I/We agree to the following Program Rules and Regulations and agree to abide and be bound by them:

1. Participant Conduct

Participant is required to abide by the standards expected of Northern Virginia Community College students and follow all applicable policies of the College and any applicable Virginia or federal law or regulation. Participant is also expected to make choices that preserve a safe and secure environment, to practice responsible citizenship and to respect the rights of others, and to be responsible for her/his own actions.

Participant is also required to follow all directions issued by program staff and any other College official.

2. Prohibited Items and Conduct

Smoking, the use of alcohol and other drugs, weapons, gambling, or fireworks/explosives is prohibited. Participant is also prohibited from engaging in dangerous conduct (including the use of dangerous items), disorderly conduct, dishonest behavior, or the harassment of other individuals. Participant may not interfere with fire safety or fire safety equipment.

3. Adult Supervision

Participants under the age of 18 must have an adult stay on site for the duration of each Dojo event. Failure to adhere to this policy can result in expulsion from the Dojo.

4. Property

Participant may not damage, misuse, or deface any College or Host site property. Participant (or Participant's legal guardian if under 18 years of age) agrees to reimburse the College for the full cost, up to and including replacement, of any damaged, misused, or defaced property.

Participants are responsible for their own money and personal items. The College is not responsible for lost or stolen items.

5. Payments

Participant (or Participant's legal guardian if under 18 years of age) agrees to pay the College all Program fees and other costs (such as reimbursement for damaged College property) within thirty (30) days of notification from the College.

College staff, in their sole discretion, determine whether a Program rule was violated. In the event of a violation, Participant is subject to dismissal from the Program without refund at Participant's expense.

Participant _____ Date _____

Parent or legal guardian _____ Date _____