The Johns Hopkins University Applied Physics Laboratory LLC (JHU/APL)
Science Technology Engineering Math (STEM) Program

Name of Student: ________________________________    Age: ______

1. **SCOPE**: Hacking for Social Justice (November 19th-20th 2016)

2. **ELIGIBILITY**: Accepted registrants to the hackathon

3. **TRANSPORTATION**: Students must provide their own transportation to JHU/APL.

4. **MEDICAL AUTHORIZATION**: The parent/guardian authorizes JHU/APL Medical Services (including, when appropriate, Emergency Medical Technicians) to render emergency related medical care to the student, and further authorize JHU/APL to transport the student to an appropriate medical facility so that emergency medical care can be rendered.

5. **PHOTO/VIDEO RELEASE**: The parent/guardian authorize JHU/APL or their agents to use, reproduce, and/or publish photographs, videotapes, and other recordings that may pertain to the student including image, likeness and/or voice without compensation. This material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on JHU/APL web pages. This authorization is continuous but may be withdrawn if submitted in writing by the parent/guardian to:

   The Johns Hopkins University Applied Physics Laboratory
   ATTENTION: STEM Program Manager
   11000 Johns Hopkins Road
   Laurel, MD 20723.

6. **CONSENT AND RELEASE**: The student and his/her parent/guardian release, discharge and agree to save harmless the JHU/APL, its affiliates, employees, sponsors, agents and the officers, directors, employees, licensees, successors, and assigns of the foregoing, from any liability or claimed liability in connection with the STEM Discovery Day Program.

**ACKNOWLEDGEMENT**: By signing below I acknowledge that I have read this agreement and fully understand its terms and my rights and obligations under this agreement.

_________________________________________ _____________________________ ____________
Student Signature   Date   Parent/Guardian Signature           Date

Emergency contact information – please provide two adults that we should contact in case of an emergency:

Name: ___________________________ Phone: ___________________________

Name: ___________________________ Phone: ___________________________