PARTICIPANT WAIVER AND PERMISSION FORM

Online Programs Involving Minors

I am the parent or legal guardian of:

____________________________

(Name of Minor Child)

In consideration for, and as a condition of, my child’s participation in the online portion of this Worcester Polytechnic Institute (WPI) Program, I hereby agree to the following (check each box and provide an electronic signature at the bottom of this form):

Liability Release. I hereby waive, release, absolve, forever discharge, and indemnify and hold harmless WPI, its affiliates, subsidiaries, trustees, officers, students, employees and agents, and their respective successors, heirs, and assigns (collectively, “WPI”) from any and all claims, damages, losses and/or expenses arising out of or related to participation in a Program on WPI’s campus or sponsored by or on behalf of WPI. I assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in such activities. I also agree that we will not bring any lawsuits nor make any demands nor pursue any complaints against WPI as a result of his/her participation in WPI activities. Agreement to this Release also warrants that participation in this activity is voluntary and my child and I have read and understand the inherent risks involved in the activities. My child and I understand that these risks exist despite the safety precautions and procedures implemented by WPI.

_____ I agree

I hereby give my consent for my child to join in all online portions of this Program. I warrant that he/she is fit and able to participate in all activities without undue risk. There is and will be adequate health insurance coverage in force for the term of the his/her attendance. I further verify that the health insurance covers any and all accidents, injuries or illnesses that may result from participation in WPI activities.

_____ I agree

Photo, Media and Copyright Release. I grant my permission for WPI to photograph, videotape and/or audiotape myself or my child during the online portion of the Program. These photographs/videos/audios will remain the property of WPI and may be used in advertising or marketing campaigns on WPI’s websites, and for promotional and informational material including, but not limited to, flyers, brochures, newsletters, emails, advertisements, newspaper articles, TV or cable interviews/promotions. I understand my child will not be identified by name unless I give my express permission. I hereby waive and release on behalf of myself and/or my child, any rights to compensation for, or ownership of, such images and/or sounds.

_____ I agree

Online Programs. WPI uses several computer applications and web-based services operated by third parties (web-operators), such as Zoom, Canvas, and similar educational programs. In order for my
child to use these applications and services, certain basic personal identifying information must be provided to the web-operator. These web-operators must notify parents/guardians and obtain parental consent before collecting personal information from children under 13 years old, but the law permits schools, like WPI, to consent to the collection of personal information on my behalf. I hereby grant my permission for WPI to provide limited personal identifying information for your child to the following web-operators, Zoom, Canvas, and any additional educational computer applications and web-based services that WPI may deem necessary.

____ I agree

My child and I agree to obey all rules and policies mandated by WPI personnel in WPI’s Participant Agreement, Code of Conduct, Acceptable Use Policy, and Privacy Policy (available on the WPI website). My child and I will not photograph, videotape and/or audiotape ourselves or others during the online portion of the Program.

____ I agree

If my child is under 13 years old: I or another responsible adult over the age of 18 will supervise my child during the online portion of the Program.

____ I agree

Disabilities. My child has the following medical condition(s) or disabilities of which WPI should be aware while my child is participating in the Program. If any condition constitutes a disability that would make it difficult for your child to participate in the online portion of the Program, please contact WPI’s Office of Disability Services.

_______________________________________________

Emergency Contacts and Contact Information. The following are the emergency contacts for my child (please provide name, relationship, and phone number)

• ____________________________

• ____________________________

• ____________________________

This document is being provided through the online registration process, and my electronic signature at the end of this process is considered legal and binding.

Copies of this Participant Waiver and Permission Form are available for printing from WPI.

____________________________
(Name)