

MinneHack Waiver

Waiver: In consideration of being permitted to participate in any way in MinneHack I, for myself, my heirs, and my personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The University of Minnesota and The University of Minnesota ACM Student Chapter with their officers, employees, and agents (henceforth referred to as "the hosts") from liability from any and all claims including negligence, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in MinneHack. I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent in MinneHack. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Signature of Parent/Guardian of Minor

Date of Signature

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD THE HOSTS HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in MinneHack and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Minnesota and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor

Date of Signature

Participant Name: _____

Participant Email: _____