

OFS Practice Space Waiver/Assumption of Risk

I, _____, Customer (student member, mentor, or sponsor of Avon H.S. Robotics Team), voluntarily sign this Waiver and Assumption of Risk in favor of the Owner, in consideration for the opportunity to use the Owner's facilities (55 Darling Drive, Avon CT) and/or the opportunity to receive instruction from the Owner or the Owner's employees, and/or to engage in the activities sponsored by the Owner, as follows: Robotics Team meetings and practice sessions.

I understand that there are certain risks and dangers associated with the activity and use of the facilities and that these risks have been fully explained to me. I fully understand the danger involved. I fully assume the risks involved as acceptable to me and I agree to use my best judgment in undertaking these activities and follow all safety instructions. I waive and release the Owner from any claim for personal injury, property damage, or death that may arise from my use of the facilities or from my participation in the activities or instruction. I am a competent adult, aged _____, and I assume these risks of my own free will.

Dated: _____

Signature of Customer (ÜberBots team member) _____

Printed Name of Customer _____

Address of Customer _____

City and State of Customer _____

Signature, Parent of Team member _____

Printed Name of Parent of Team member _____