

James Madison University – madiSTEM Conference - March 23, 2024

RELEASE FORM FOR ADULTS ATTENDING THE CONFERENCE

Name of Adult Attending	
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Participation in the madiSTEM Conference presents the risk of injury. This exculpatory release confirms that the participant who signs below accepts all aspects of that risk.

WAIVER OF LIABILITY:

I agree to indemnify, release and hold harmless the madiSTEM Conference, James Madison University, the Commonwealth of Virginia, and their respective officers, agents, employees and volunteers from any and all costs, liabilities, expenses, claims, compensation, demands, or causes of action on account of any loss or damage to my person or property arising out of or in connection with my participation in the aforementioned conference and related conference activities.

MEDIA RELEASE:

I hereby consent to being photographed by James Madison University or the madiSTEM conference, and I hereby grant permission to the University or madiSTEM to use or reproduce any such videos or photographs for the University's educational or promotional purposes only, in print, electronic form, or other media without any further compensation to me. Such videos and photographs shall be solely owned by the University. I hereby waive any right to inspect or approve such photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs. I hereby agree to release and hold harmless the University from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any re-use, distortion, blurring, alteration, or use in composite form.

BEHAVIORAL EXPECTATIONS:

I agree to abide by any and all specific requests by the University and the facility for my safety and the safety of others, as well as any and all of the University's and the facility's rules and policies applicable to all activities related to this program. I understand that the University and the facility reserve the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others.

ASSUMPTION OF RISK:

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 or illness which may occur as a result of my participation in this program, unless any such personal injury or illness is directly due to the negligence of the University and/or the facility.

In case an emergency situation arises, please contact _____ (name) at _____ (phone number).

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 own free will. I certify that I am at least 18 years of age. I approve the foregoing and waive my rights in the premise.

Signature of Attending Adult: _____

Date: _____

Submit your forms digitally by Wednesday, March 20th, via the Adobe Sign link that you received via email or bring completed paper forms to the conference check-in table on Saturday, March 23rd.