



Informed Consent, Release and Media Authorization Form
REQUIRED FOR ALL PARTICIPANTS

This form is for (Check one): [] Student [] Coach [] Volunteer

Coach/Team ID: _____ Team Organization Name: _____

Print Participant Name (full legal name): _____ Age (If under 18): _____

For the purposes of this document, "Robofest" shall be Lawrence Technological University (LTU), and its officers, directors, employees, assigns, and agents, including any third party designated and approved by Robofest at any time.

1. I, the Participant (or parent/guardian if student is under 18 years of age), agree that participant data will be used for Robofest programs such as printed participation certificates and personalized medals. These materials may not be personalized if consent is not given.

() Initials

2. I, the Participant (OR parent/guardian if student is under 18 years of age), hereby grant to Robofest and its Partners the right to photograph and/or videotape me during my participation in an Event. I further grant to Robofest and Partners, throughout the world, the right to use these photographs and videotapes of my likeness, voice and sounds during my participation, and to license the right to reuse such photographs and videotapes of my participation, and my name, likeness and biography, in any and all media for any purpose, including advertising and other promotions of Robofest, and its Partners, without compensation to me.

() Initials

3. I, the Participant (OR parent/guardian if student is under 18 years of age), being fully cognizant of the risks in participating in an Event, hereby assumes the risks of bodily injury and property damage, inherent in such participation. I hereby waive any claims or causes of action which I may now or hereafter have against Robofest or its Partners, arising out of my participation, and I will indemnify and hold harmless Robofest, and its Partners against any and all claims resulting from such participation.

() Initials

Informed Consent for Participation in Assessing the Impact of Autonomous Robotics Competitions in STEM Education - This applies to ONLY STUDENT Participants

On behalf of the STUDENT PARTICIPANT, I authorize participation in the Assessing the Impact of Autonomous Robotics Competitions in S.T.E.M. Education conducted by LTU, 21000 W. Ten Mile Rd, Southfield, MI, 48075, USA. I understand this research is a study to quantify students' improvements in Science, Technology, Engineering, and Mathematics skills through robotics competitions. As part of participation in this study, I understand two survey-style online assessments, approximately 10 minutes each, will be submitted and the data will be analyzed only by LTU researchers. I understand that my student will not receive any direct benefit from participation in this study, and that participation is voluntary. I also understand that my student may withdraw at any time from this study. I understand that personally identifiable data will not be used in reports or presentations of the findings of this research, i.e. the assessment results are completely anonymous. I have read and understand this information and agree to participate in this study. I know this form can be obtained from the Robofest home page at www.robofest.net. For questions or concerns about the research, please contact Dr. CJ Chung, Professor, Department of Math and Computer Science, 248-204-3568. For concerns about your treatment as a research participant, please contact the Institutional Review Board (IRB) at LTU, IRB@ltu.edu.

() Initials

Participant Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: _____ Email (optional): _____

Signature of Participant: _____ Date: _____

(If Participant is under 18 years of age, Parent/Guardian (full legal name))