

**The Winsor School Summer Coding Camp
Creative Coding Studio
Informed Consent and Waiver of Liability**

Participant Name:

Date of Birth:

The Winsor School (the “School”) offers a summer coding camp. The child named above (the “Child”) will not be permitted to participate in the School’s coding camp unless this Informed Consent and Waiver of Liability Form (the “Form”) is signed by the parents and/or legal guardians of the child participating in the School’s coding camp (as defined below). If this Form is executed by only one parent or guardian, that individual certifies that he or she has sole legal custody of the child.

I. PARENTAL RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

As a custodial parent or legal guardian of the Child, I give my Child permission to participate in the School’s Computer Camp, which may include, but not be limited to, coding activities, electronics, 3-D printing, laser cutting, working with tools, field trips, outside activities, and activities associated with or related to such participation (all collectively referred to herein as “Creative Coding Studio”).

By signing this Form, I acknowledge, understand, and agree to the following terms.

- A. My Child has my permission to participate in Creative Coding Studio. My permission for my Child to participate in Creative Coding Studio is based upon my belief that my Child does not have any physical or mental health condition that could affect my Child’s ability to safely participate in Creative Coding Studio. If I have any concerns regarding my Child’s physical or mental health that could affect my Child’s ability to safely participate in Creative Coding Studio, I will bring all such concerns to the School’s attention prior to my Child participating in Creative Coding Studio.
- B. I represent and warrant that I have enrolled my Child in any and all insurance, including, but not limited to health care, accident, travel and personal property insurance that I believe, in my sole judgment, is necessary to protect my Child and my Child’s interests while participating in Creative Coding Studio.
- C. RELEASE. In consideration of my Child being permitted to participate in Creative Coding Studio, I agree, on my own behalf and that of my Child, to forever release, acquit, discharge and covenant to hold harmless the School, its trustees, officers, employees, volunteers, representatives, agents, all others related to or associated with the School, and all other individuals and organizations assisting or participating in Creative Coding Studio (the “Releasees”) from any and all claims, suits, liabilities, actions and causes of action, including, but not limited to, claims of negligence on the part of the Releasees, which I or my Child or our heirs, legal representatives, successors, conservators and assigns may have, now or in the future, which arise directly or indirectly out of my Child’s participation in Creative Coding Studio.
- D. INDEMNIFICATION. I hereby agree, on my own behalf and on behalf of my Child, to indemnify the Releasees from and against any and all claims, suits, actions, causes of action, including, but not limited to, claims of negligence, and any other liabilities, including attorneys’ fees, by any person resulting directly or indirectly from my Child’s participation in Creative Coding Studio, including, but not limited to, injury of any person caused by my Child or for damage to or destruction of any property caused by my Child.
- E. ASSUMPTION OF RISKS. I fully understand that participation Creative Coding Studio involves risks including, but not limited to, cuts, wounds, scrapes, abrasions, contusions and sprains. While particular rules, equipment, and personal behavior may reduce the likelihood

of injury, the risks and dangers of bodily injury still remain. I knowingly and freely assume all risks, both known and unknown, associated with Creative Coding Studio, including, but not limited to, bodily injuries and damage and loss of property, for myself and my Child.

The release, assumption of risk and indemnity provisions contained above include any property or personal loss or damage, or other loss caused or alleged to be caused, in whole or in part, by the ordinary negligence (but not gross negligence) of the Releasees.

II. MEDICAL TREATMENT AUTHORIZATION

In the event of an accident or other emergency, I understand that the School or its employees or representatives will, to the extent possible, consult with me concerning the reasons for and effects of medical care for my Child. Recognizing that it may be difficult to reach me, I hereby appoint a representative of the School to permit commencement of medical treatment or hospital care (including necessary transportation) when, in the professional judgment of the physicians, dentists or other medical personnel involved, such treatment is medically necessary, even if I have not yet been consulted. In authorizing such emergency treatment, I agree to accept the determination of the treating physician, dentist or other medical personnel that the treatment or care rendered was medically necessary to protect the life, health or mental well-being of my Child. I will have appropriate insurance in place to protect my Child or, in its absence, I agree to pay all costs incurred as a result of the foregoing.

III. ACKNOWLEDGMENT

I, the undersigned, have fully reviewed the entirety of this Form and I have satisfied myself that I understand what it means, and that I sign this document as my free act and deed. I hereby expressly agree that the provisions contained in this Form are intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Massachusetts and that if any portion hereof is held invalid or unenforceable, I agree that the validity of the remaining portions shall not be affected thereby to the fullest extent permitted by law and the balance shall continue in full legal force and effect.

Print Full Name of Parent/Legal Guardian #1: _____ Date: _____

Signature of Parent/Legal Guardian #1: _____

Print Full Name of Parent/Legal Guardian #2: _____ Date: _____

Signature of Parent/Legal Guardian #2: _____

Print Full Name of Child: _____ Date: _____

Signature of Child If 18 Or Older: _____

**CREATIVE CODING STUDIO PARTICIPANT MEDIA INFORMATION
PERMISSION AND RELEASE FORM**

The Winsor School's (the "School") ability to portray its coding camp programs accurately and vibrantly depends on participants' support of the School's use of images of participants. Therefore, I authorize the School, its successors and assigns, and those acting within its permission and upon its authority, to use my Child's name, photographic images (including, but not limited to, portrait, picture, video, or other reproductions), audio recording of my Child's voice, video recordings of my Child, and likeness, written or in electronic format, and/or reproductions of my Child's work (collectively referred to herein as the "Participant Media Information") for purposes of communication, promotion, publicity, marketing, and advertising via the School's publications, promotional materials, website, social media outlets, print, TV, radio, press release, Internet media coverage, and/or advertising media. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein the Participant Media Information appears. I also acknowledge the School's right to crop or alter any photographic image of my Child at its discretion. I authorize the School to use the Participant Media Information, as described herein, on more than one occasion, without limitation to the number of times it is used, in perpetuity. I authorize the School to reproduce, or cause to be reproduced and used, the Participant Media Information described herein. I shall not be entitled to receive any compensation for such use.

Please check the appropriate box below.

YES, I agree that the School may use the Participant Media Information as described above.

By signing below, I hereby release the School, its successors and assigns, and those acting with its permission and upon its authority, from any liability, responsibility, or claims that may arise by reason of any exercise of the authority granted above.

Print Full Name of Parent/Legal Guardian #1: _____ Date: _____

Signature of Parent/Legal Guardian #1: _____

Print Full Name of Parent/Legal Guardian #2: _____ Date: _____

Signature of Parent/Legal Guardian #2: _____

Print Full Name of Child: _____ Date: _____

Signature of Child If 18 Or Older: _____

NO, the School may not use the Participant Media Information as described above.

Print Full Name of Parent/Legal Guardian #1: _____ Date: _____

Signature of Parent/Legal Guardian #1: _____

Print Full Name of Parent/Legal Guardian #2: _____ Date: _____

Signature of Parent/Legal Guardian #2: _____

Print Full Name of Child: _____ Date: _____

Signature of Child If 18 Or Older: _____