**San Diego FTC Live Event Waiver and Release and Contact Tracing Form**

**WAIVER AND RELEASE**

Participating in FTC in-person events provides an opportunity for teams to learn and grow together while developing STEM skills, but there is an inherent risk of injury, including risks resulting from exposure to COVID-19. COVID-19 is an extremely contagious disease that can lead to severe illness or death. By entering this event, participant and participant’s parent or guardian for student participants, voluntarily assume all risks; including without limitation, risks related to exposure to COVID-19. Participant and participant’s parent or guardian waives and releases any and all claims, lawsuits, costs, causes of action, or losses of any kind or character (collectively “claims”), including without limitation, claims which may not be known or suspected to exist at the time of executing this waiver and release, which may be asserted or sought against FIRST and/or any FIRST volunteer, mentor, coach, employee, or host facility and host facility personnel as a result of attendance at the event.

**CONTACT TRACING FORM**

The signature below indicates that I and/or my child, for student attendees, are not currently experiencing any COVID-19 symptoms. Additionally, I have shown one of the following for myself and/or my child to my coach or event personnel (please check the correct item) prior to being admitted into this event.

\_\_\_\_\_\_\_\_\_\_\_ Proof of Covid-19 Vaccination

\_\_\_\_\_\_\_\_\_\_\_ Negative Covid-19 Test Result Within 48 Hours of Event

Student Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print First and Last Name of Adult \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Adult \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**---------------------------Contact Method If Necessary (Cut on line or redact after line)----------------------------**

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information (below the dashed line) will be destroyed 30 days after the event.