

Tuesday, March 17, 2015

**CONSENT/ RELEASE FOR TEEN
 HACKATHON ACTIVITY**

I, or my child, will be participating in TEEN HACKATHON activity sponsored by WHOmentors.com, Inc., a 501(c)(3) exempt organization, held at PayPal, Inc. Town Inc., 2211 N 1st Street San Jose, CA 95131. Participants will bring their own laptop computers and will have 36 hours to create web and or mobile applications. Workshops will be provided by PayPal, Inc. employees and attendees will have free access to "watch and learn" online tech training in the form of streaming video content at the website <http://udemy.com>

NOTE TO PARTICIPANT/PARENT/GUARDIAN

WHOmentors.com, Inc. wants you or your child's experience to be a safe, healthy, educational and fun one. However, in the event of an accident or illness, it is important that we have the following information:

Name of Participant _____ Birth Date / Age _____ Gender _____

(Last, First, Middle)

Home Contact Info

Parent/Guardian/Spouse Name _____ Mobile # / Home Phone _____ Home Contact Address _____

Emergency Backup Contact Information (If different from above)

Full Legal Name _____ Relationship _____ Mobile # / Home Phone Number _____

Any allergies or other medical needs? _____
 Limits to activities? _____
 Name of Physician? _____
 Physician Phone Number? _____
 Medical Insurance Company? _____
 Policy Number? _____

INDEMNITY AND CONTRACT AGREEMENT: I will not hold or attempt to hold WHOmentors.com, Inc., Teen Hackathon, nor PayPal, Inc. liable for any loss, damage, or injury to person or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of WHOmentors.com, Inc., its agents and employees, and will indemnify and hold WHOmentors.com, Inc. harmless from any liability for damages or claims against WHOmentors.com, Inc. arising out of or in any way related to any such loss, damage or injury.

I release WHOmentors.com, Inc., including its directors, officers, employees, agents, executive trainees, and volunteers, from me or my child's physical injury, including death, or illness while at the activity.

I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

Authorization for Treatment:

I/We hereby give permission to the medical personnel selected by WHOmentors.com, Inc. to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person.

I verify that I or child named above is in good health and capable of participating in a web or mobile app development training program and, when necessary, will tailor my/their activities to those within the bounds of my/their physical health.

I recognize that any medical treatment that is provided to me (or my child) while attending an activity fiscally sponsored by WHOmentors.com, Inc. will be paid for by my medical insurance company and guarantee payment for services not paid by insurance.

I hereby grant WHOmentors.com, Inc. permission to use, reproduce, and/or distribute photographs, films, video and sound recordings of me or my child without compensation or approval, for use in materials created for purposes of promoting the activities of WHOmentors.com, Inc. and Teen Hackathon, including the Internet.

Signature X _____ Date: _____

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