

LIABILITY WAIVER AND RELEASE FORM - TYPE C OPEN SHOP

This Liability Waiver and Release (the "Agreement") is executed on _____
by _____ (the "Participant Team") in favor of Team 5526 Type C and the
American School of Torreón (collectively, the "Hosts").

Understanding of Risk

The Participant Team understands and acknowledges that:

1. The use of workshop equipment and machinery involves inherent risks that may result in serious injury, property damage, or other losses.
2. While safety protocols and supervision are provided, accidents can occur even with proper precautions.
3. The responsibility for safe operation and conduct lies with both the Hosts and Participant Team members.
4. Workshop activities may involve dangerous tools and equipment that require proper training and attention.

Waiver and Release

In consideration for being permitted to use the workshop facilities, the Participant Team:

1. Voluntarily waives any and all claims against the Hosts that may arise from participation in Open Shop activities.
2. Releases the Hosts from liability for any loss, damage, injury, or expense that the Participant Team may suffer as a result of participation in Open Shop activities due to any cause whatsoever.
3. Agrees to hold harmless and indemnify the Hosts from any and all liability for property damage or personal injury to any third party resulting from participation in Open Shop activities.
4. Acknowledges that this waiver includes any claims based on negligence, action, or inaction of the Hosts.

Participant Team Agreements

The Participant Team agrees to:

1. Follow all safety guidelines and protocols provided by the Hosts.
2. Ensure all team members are properly trained before using equipment.
3. Report any unsafe conditions or incidents immediately.
4. Use provided safety equipment and personal protective gear.
5. Accept responsibility for any damage to equipment caused by improper use.

6. Maintain proper conduct and focus while using workshop facilities.
7. Respect and follow instructions from Type C mentors and supervisors.

Medical Authorization

In the event of injury or illness during participation in Open Shop activities, the Participant Team:

1. Authorizes the Hosts to secure necessary medical treatment.
2. Accepts financial responsibility for any medical treatment required.
3. Agrees to inform the Hosts of any relevant medical conditions or limitations.

Acknowledgment

I, the undersigned, acknowledge that:

1. I have read and understand this Agreement.
2. I have authority to sign on behalf of the Participant Team.
3. This Agreement will be binding upon the Participant Team members, mentors, and representatives.
4. I understand that this waiver cannot be modified verbally.

Team Information:

Team Number: _____

Team Representative Name: _____

Position: _____

Signature: _____

Date: _____

Witness Information:

Witness Name: _____

Witness Signature: _____

Emergency Contact Information:

Name: _____

Phone: _____

Relationship to Team: _____

Host Approval:

Type C Representative: _____

Signature: _____

Date: _____