

**2010 CONSENT, RELEASE, HOLD HARMLESS AND AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS
Oregon Game Project Challenge 3.0**

This is a Consent and Release of Rights in favor of the TechStart Education Foundation, and its officers, directors, employees, successors and assigns ("TechStart"), as well as entities designated and approved to assist TechStart in managing, contracting, sponsoring, hosting, conducting, evaluating or publicizing (including individuals and entities working with TechStart in print, publication, television, broadcast or video media) TechStart's programs including the Oregon Game Project Challenge ("OGPC"). As used below, "Participant" means any individual, student, coach, teacher, or volunteer involved in a TechStart event. In consideration of accepting my participation in one or more TechStart Events, I agree to the following:

I hereby grant to *TechStart* and to the press and media admitted into *TechStart* Events the right to photograph, videotape, or otherwise digitally collect my likeness, voice and sounds (as "Works") during my participation at the *TechStart* Event(s). I acknowledge the Works to be works made for hire, and otherwise irrevocably assign and grant to *TechStart* and to *TechStart's* Cooperating Entities all rights in these Works and the right to use or sublicense these Works and my name, likeness and biography, in *TechStart's* discretion, in all media and in all forms and for all purposes, including without limitation, advertising and other promotions for *TechStart* or the *TechStart's* Cooperating Entities, without any further consideration to me or any limitation whatsoever. It is a *TechStart* policy not to print a minor's name with his/her picture without specific permission from his/her parent or guardian. There are risks inherent in participating in *TechStart* Events, including the risks inherent in traveling to and from events, and participating in public competitions. These risks include the risk of bodily harm (including without limitation, death) and property damage. Being fully cognizant of the risks in participating in an Event, I hereby assume those risks. **Except to the extent due to the gross negligence or willful misconduct of TechStart to the fullest extent permitted by applicable laws, I HEREBY WAIVE AND RELEASE ANY CLAIMS OR CAUSES OF ACTION which I may now or hereafter have against TechStart arising in connection with my participation in any TechStart Event, and I will indemnify and hold harmless TechStart against any and all claims resulting from such participation, including, without limitation, claims for compensation, defamation, or invasion of privacy, or other infringements or violations of personal or property rights of any sort whatsoever.**

In the event I should sustain injuries or illness while involved in an TechStart Event, I hereby authorize TechStart to administer, or cause to be administered, such first aid or other treatment and medications I may bring as may be necessary under the circumstances, to include treatment by a physician or hospital of TechStart's choice.

This Release shall be binding upon my heirs, my personal representatives and assigns, and me and shall be governed by and construed under the laws of the State of Oregon, which shall be the venue for any legal action. This Release constitutes the entire agreement among the parties hereto with respect to the subject matter of this Release and supersedes any and all such previous agreements among the parties, whether written or oral. TechStart strongly believes in confidentiality of all contact information.

TechStart promises that it will not rent, sell or distribute this contact information to any organization other than those directly involved in the operation and support of TechStart programs. TechStart will be using the personal contact information provided here as part of its participant database and to contact the TechStart participant and/or the participant's guardian as part of its research, program evaluation, or alumni outreach efforts, or other related outreach activities as they may occur.

I understand that this form involves a release of legal rights.

Participant Name [Print Clearly] Participant Signature Date

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home () _____ Email address: _____ Gender: _____(M) _____ (F)

Date of Birth: Month: ____ Date: ____ Year: ____

For Participants under the age of eighteen (18) years listed above: I hereby consent and agree to the above as the Parent/Legal Guardian of _____(minor's name), in which case "I", "me" and "my" as used herein shall refer to said minor.

Parent or Legal Guardian Signature

Print Parent or Guardian Name