

Informed Consent

SheTech Explorer Day

This is an **informed consent form for minors**, which identifies risks of participating in a Women Tech Council event program, and a **consent form for parents/guardians**.

Injury may result from your participation in SheTech Explorer Day. You are expected to familiarize yourself with the SheTech Explorer Day program and what is required, rules of conduct for the SheTech Explorer Day. You are expected to follow proper operating procedures including safety procedures as outlined by the course/program instructor, plus any directions given by an authorized Women Tech Council employee or adult volunteer.

I, _____, (name of student) acknowledge that I have familiarized myself with SheTech Explorer Day and what is required, will follow the rules of conduct, will follow the operating procedures, and will follow any directions given by an authorized school employee or adult volunteer.

(Signature of student)

The undersigned, the legal guardian of _____ (hereinafter "student") a participant in the **SheTech Explorer Day** at the Mountain America Expo Center (Formerly South Town Expo Center), under eighteen years of age, in consideration of participation in this program, do hereby agree to this consent.

I recognize that participation in a **SheTech Explorer Day** at Mountain America Expo Center may involve light to moderate physical activity and may cause physical and or emotional distress to participants. There may also be associated health risks. I state that student is free from any known heart, respiratory or other health problems that could prevent student from safely participating in any of the activities.

I give permission for Women Tech Council marketing department and SheTech Partners to take & publish pictures of my child participating in SheTech Explorer Day 2019. These pictures may be used for marketing purposes.

I have carefully read and understand the contents of the foregoing language and I specifically intend it to cover participant in the above stated SheTech program.

Name _____ **Date** _____

Signature _____
(Parent or legal guardian signature if participant is under 18 years old)