Carnegie Mellon University

Girls of Steel Robotics at Carnegie Mellon University

2026-2027 Guest Understanding and Release

Introduction. I want to participate or I want my minor child to participate) in remote and/or in-person activities such as meetings, workshops, practice meets, and other activities (the "Program Activities") with the Girls of Steel Robotics ("GoS") program (the "Program") at Carnegie Mellon University ("CMU"). I understand that Program Activities may be suspended, terminated or shifted to a different format (in-person, remote or hybrid) for various reasons or circumstances in CMU's sole discretion.

Child Protection Clearances. If I am acting as a coach, mentor, chaperone or other volunteer with respect to the Program Activities, I warrant and represent that I have obtained the following Child Protection Clearances and will provide them to the GoS Administrator, immediately on request: (i) Pennsylvania Criminal History Clearance, (ii) Pennsylvania Child Abuse History Clearance, and (iii) FBI Criminal History Clearance.

***Remote Programming*.** I understand that for remote Program Activities I need a computer or device with Internet access. I understand that the Program is available only to individuals in the United States.

COPPA Parental Notice and Consent – Applicable to Participants Under 13. In compliance with the Children's Online Privacy Protection Act ("COPPA"), parents / guardians of children under 13 years of age must give verifiable consent to the collection, use and disclosure of their minor child's personal information collected by the Program on Program's web sites. The Program will or may collect the following personal information about your minor child: name, mailing address, phone number, email address, date of birth, school attended, grade in school, online identifiers, IP address photo, video, or audio files containing your minor child's image or voice. In addition, the Programs will or may collect the following information about you: name, address, phone number, email address. The Programs will use this information to administer, operate and promote the Programs. The Program's Privacy Policy is available at: https://www.cmu.edu/legal/. By signing below, you consent to collection, use and disclosure of your minor child's personal information (and your personal information) for the purpose described in this document.

Medical Treatment Authorization. If I (or my child) require emergency medical treatment, in CMU's sole discretion, I authorize CMU to secure such treatment and I agree to be financially responsible for any resulting bills.

Safety, Conduct and General Expectations. I will conduct myself safely and responsibly at all times in connection with Program Activities. I will not use any tools or equipment during Program Activities unless I've been trained to use them by my FIRST team and supervised by my FIRST team's mentor while using them. I will treat others respectfully and respect the property of others, public and private. I will not engage in any form of harassment or abuse. I will obey Team Safety Rules (Exhibit A), Practice Field Rules (Exhibit B) and all other rules, policies and guidelines of which I am informed. I understand that failure to do so may result in my not being allowed to participate in practice meets and other Program Activities and/or not being allowed on premises owned or controlled by CMU.

Photo/AV Permission. I give permission for CMU (or someone acting on CMU's behalf) to take photos or make audiovisual recordings of me (or my minor child, as applicable) in connection with the Program, to use the resulting recordings for archival, educational and promotional purposes, and to share them with news media and current or potential funding partners. If I supply CMU with photos, videos or other materials containing my image or voice, (or my minor child's image or voice, as applicable), I give CMU permission to use such materials in the same manner.

Right to Modify, Limit or Terminate Activities and/or Participation. I understand that CMU and/ or GoS have the absolute right to modify, limit and/or terminate all or any of the Program Activities and/or the participation of individuals in the Program Activities at any time.

Release of Liability. In consideration of the opportunity to participate in the Program Activities, I, on behalf of myself

and those acting on my behalf, irrevocably and unconditionally release, waive, and promise not to sue the GoS, CMU, owners and/or lessors of any premises where Program Activities are conducted, and those acting on behalf of any of the foregoing, including any employees of any of the foregoing, from/for any and all liabilities, losses, injuries, damages, claims, demands, actions and/or causes of action arising from or connected with my participation in the Program Activities, including transportation related to the Program or Program Activities and the securing of or failure to secure medical treatment. .

Miscellaneous. The laws of Pennsylvania shall apply to this document. If any of its provisions are declared illegal, unenforceable, or ineffective, they shall be deemed severable, and all other provisions shall remain valid and binding. I'm signing this document with the intent to be legally bound by it. I'm an adult (18 years of age or older) competent to sign this document and I'm signing it voluntarily, having read and understood its contents OR if I'm under 18, my parent/guardian is co-signing below.

_____ _____

Signature **Date**

_____ _____

Print Name **Email**

_____

Telephone

IF THE GUEST IS UNDER 18, A PARENT/GUARDIAN MUST CO-SIGN BELOW.

I am the parent/guardian of the individual named above. I want them to participate in the Program Activities described above. In consideration of the opportunity for them to participate in the Program Activities, I, on behalf of myself and those acting on my behalf, irrevocably and unconditionally release, waive, and promise not to sue the GoS, CMU, owners and/or lessors of any premises where Program Activities are conducted, and those acting on their behalf, from/for any and all liabilities, losses, injuries, damages, claims, demands, actions and/or causes of action arising from or connected with my minor child's participation in the Program Activities.

I have read this document agree to all its provisions on behalf of myself and my minor child, intending to be legally bound.

_____ _____

Signature **Date**

_____ _____

Print Name **Email**

_____

Telephone