

Hyland Software Parental Consent Form

Dear Parent or Guardian:

Hyland Software, Inc. (Hyland) is proud to offer a variety of technical outreach programs for students of all ages. These programs included, but are not limited to: Hy-Tech Camps, Hy-Tech Club, High School Innovation Showdown, Hyland Hackathon, high school senior project(s), shadowing experiences and field trips (the “Program(s)”). In order for your child(ren) to participate in the Program(s), Hyland needs your consent and involvement in helping your child(ren) have a productive and safe experience. Please carefully read and sign this parental consent form. If you have any questions or would like further information, please email techoutreach@hyland.com.

<u>STUDENT INFORMATION:</u>	
Name of Child:	Birth Date(s):
Address:	City/State:
Zip Code:	Parent Home Telephone #: Parent Mobile Telephone #: Parent Work Telephone #:
Student Telephone Number:	Grade(s):
School:	School Telephone #:
Physician’s Name:	Physician’s Telephone #:
Physician’s Address:	Additional Information about your child(ren):
<u>EMERGENCY CONTACT INFORMATION</u>	
Name:	Relationship to child(ren):
Address:	Primary Telephone #: Secondary Telephone #:

Terms and Conditions

In connection with and consideration of my child(ren)'s (named above) participation in the Program(s) and related activities, I, on behalf of my child(ren) and myself, my heir(s), personal representative(s) and assign(s), hereby represent and agree as follows:

- I understand that my child(ren) will be a participant in the Program(s) and related activities, and I hereby give permission for him/her to participate;
- I understand that as a participant in the Program(s) and related activities, my child(ren) may participate in physical activity. I represent and warrant that my child(ren) is in good physical condition, and has no physical, health related or other problems which would preclude or restrict his/her participation in this program or related activities or otherwise render his/her participation dangerous or harmful to him/her or others; and that he/she is allowed to participate in physical activity, which includes but is not limited to recreational sports, table tennis, billiards, video games, and bicycle riding;

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- I understand that as a participant in the Program(s) and related activities, my child(ren) may be provided food and it is the responsibility of my child(ren) to ask about ingredients in all food he/she chooses to ingest, and I have discussed this responsibility with him/her;
- I agree and understand that Hyland may provide use of computers systems exclusively for educational purposes provided and guided to you by Hyland employees. Users will not attempt to install software, modify the hardware provided, download files of any type, connect with any peripherals to the hardware provided by Hyland or may any attempts to gain access to anything different from what is provided for use by Hyland;
- I agree and understand that the systems provided for use by Hyland have software installed which comes from multiple sources including open source and commercial titles. Usage of these applications is subject to the terms and conditions of the license for each application. Each student is solely responsible for review of the terms and use of these application in conjunction with any training provided. Hyland is not responsible for any violation of these terms and conditions;
- I give permission for my child(ren) to be photographed, or their images recorded for print or electronic use by Hyland to promote Hyland including, but not limited, for promotion of Hy-Tech Camps, Hy-Tech Club, High School Innovation Showdown, high school senior project(s), shadowing experiences and field trips. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that that this form will remain in effect during the term of my child(ren)'s participation in the Program(s). I understand Hyland will not pay for me or my child(ren)'s participation;
- Should my child(ren) require emergency medical treatment, first aid, or transportation to a hospital or medical facility as a result of illness or injury associated with my child(ren)'s participation in the Program(s), that I consent to any such treatment, first aid and/or transportation that may be provided to my child(ren), and understand that Hyland will not be responsible for any costs associated with any of the foregoing;
- I, the undersigned, certify that I am the parent or legal guardian of the child(ren) (named above) and that I have the right to make decisions for my child(ren) that effect his/her well-being. I recognize and acknowledge that physical injury, accident, illness, death, loss of personal property, or other contingencies may befall my child(ren) as a participant in the Program(s) and related activities. I understand that my child(ren) is not in any way required to participate in the program and related activities, and despite these risks, I want him/her to participate in the preceding. In light of the preceding and with sufficient knowledge of my child(ren)'s physical and other conditions and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child(ren) may, in any way, sustain in connection with his/her participation in the program and related activities. In consideration of my child(ren)'s participation in the program and related activities, I agree to release Hyland and its officers, employees, agents and volunteers from any and all liabilities, damages, losses and/or causes of action (collectively, "Claims") that I or my child(ren) may suffer or have, including without limitation, to our persons or property or both, which arise out of, are related to or in connection with, or occur during, my child(ren)'s participation in or attendance at the program and related activities except to the extent any such Claims are caused by the gross negligence or willful misconduct of the employees of Hyland. I further agree to indemnify and hold harmless Hyland and its trustees, officers, employees, and volunteers from any and all Claims arising out of, related to, or in connection with the program or related activities that are caused by my or my child(ren)'s negligent or intentionally tortuous acts and/or omissions;
- I understand and agree that this agreement shall be valid for a period of twelve (12) months from the date signed below; and
- I agree that this agreement shall be governed by the laws of the State of Ohio without giving effect to any choice or conflict of law principles of any jurisdiction, and if any portion of this agreement is held invalid, the remainder of the agreement shall continue in full force and effect.

***** Signature Page to Follow*****



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I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

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Parent/Guardian Full Name (please print)

Signature

Date