

The Missfits Robotics Team
FRC Team #6418 Workshop Liability Release Form

Date: _____

I, as a participant of FRC Team 6418: The Missfits, am engaged in attending and participating in a robotics team workshop held by The Missfits. I understand that the workshop(s) involve various aspects of woodworking and metalworking, and include the use of both manual and electrically powered tools, equipment and machinery. I am aware of and understand the possibilities of serious injury or death from using any shop related tools and related materials. I agree to refrain from using any tools for which I have not had proper instruction or extensive prior experience and feel able to operate in a safe, competent manner. I also agree not to operate or use any equipment in the workshop without an instructor/mentor/coach present. I agree to obey standard safety rules and practices while using or operating tools and I agree to use or operate them in an otherwise safe manner. I represent that I have the skill and training necessary to keep myself and others safe when I use the tools. I also understand that I may be asked by the instructor/mentor/coach not to operate certain machines, tools, and/or equipment during the workshop and hereby agree to follow the instructor's/Coach/Mentor request(s). I understand and agree to use safety equipment such as safety glasses and or face shields at all times while operating lathes, grinders and all other workshop machinery and equipment. I hereby assume the risk and responsibility of any and all injuries that I may sustain or cause in the pursuit of any activities while on the premises. Also, I hereby release and forever discharge and agree to defend and hold harmless Missfits Robotics, its mentors, parents, coaches, and any of its employees or instructors/mentors/coaches from any actions, suits, damages, claims or judgments that may result from any personal injury I may sustain or that I may cause while on the premises of 1238 8th Avenue San Francisco, CA and any other locations we work while engaged in the activities specified above. I also understand that I am responsible for paying all costs resulting from medical treatment received as a consequence of using any shop or robotics tools and participating in any event(s).

In witness whereof, I have executed this release at 1238 8th Ave, San Francisco on the day of _____, 2017.

Signature of participant

Name (please print)

Signature of Parent or Legal Guardian

Name (please print)