Cryptorally is an event for students interested in cryptology held at the ASU Tempe campus on Saturday, November 5, 2016. The Cryptorally competition consists of a scavenger hunt with encrypted clues. Upon deciphering the clues, students will be directed to several locations around campus.

I, __________________________, as the parent/guardian of __________________________, a minor, hereby give my permission for my child to participate in Cryptorally at Arizona State University. I understand that an adult parent or guardian must accompany my child throughout the event, and that this is my responsibility to arrange.

Additionally, I grant permission to the Arizona Board of Regents, a body corporate, for and on behalf of Arizona State University, and its agents and employees (ASU), the absolute right to use, not use, reuse, publish, republish and make derivative works of, all or any part of photographs and/or motion pictures and/or voice recordings and/or written/spoken statements taken of me and/or my child on November 5, 2016 during Cryptorally at Arizona State University, in any media now or hereafter known, including the internet, for the purpose set forth below, and for any related ASU purposes, including illustration, promotion, art, editorial, and advertising, without restriction. I waive any right to inspect or approve the Photos/Recordings, or any uses thereof, now or in the future, and I waive any right to royalties or other compensation arising from or related to the use of the Photos/Recordings.

I release and discharge ASU of and from any claims, demands, and damages that may arise from or related to the use of the Photos/Recordings, including any claims for libel or violation of any right of publicity or privacy, and including any re-use, distortion, blurring, alteration, or use in composite form. It is in the discretion of ASU to decide whether and how to use the Photos/Recordings. This Release will be binding upon me and my heirs, legal representatives, and assigns.

I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment.

I understand the risk that unexpected events may occur and result in harm, injury or illness to my child, or damage to or loss of my child's property during my child's participation. In consideration of my child being allowed to participate, I agree to assume all costs associated with his/her participation, travel to and from the service site(s), meals and lodging and all directly or indirectly related activities he/she is participating in. To the extent permitted by law, I agree to release, hold harmless and indemnify the State of Arizona, Arizona Board of Regents, Arizona State University and their regents, departments, officers, employees, agents, and assigns from and against any present or future claim, loss or liability for injury to person which my son/daughter may suffer or for which my son/daughter may be liable to any other person during his/her participation. The terms hereof shall serve as a release and assumption of costs and risk by me, my heirs, estate, executor, administrator, assignees and for all members of our family.

This Release must be signed by both the minor and his/her parent or guardian. By signing, the parent or guardian attests that he/she is competent to contract in her/his own name, has read this Release, and fully understand the contents, meaning, and impact of this Release.

Printed Name of Parent/Guardian __________________________  Signature of Parent/Guardian __________________________

Printed Name of Child __________________________  Signature of Child __________________________

Date signed __________________________

☐ We would like to “opt-out” of allowing photos or other records of our child to be used.

***THE SCHOOL OF MATHEMATICAL & STATISTICAL SCIENCES RESERVES THE RIGHT TO DISMISS A STUDENT FROM THE COMPETITION. PARENTS/GUARDIANS WILL BE NOTIFIED AND MUST PICK UP THE STUDENT IMMEDIATELY.***