**UNDER 18 PARENT / GUARDIAN CONSENT FORM**

CONCERNING THE A POTENTIAL CHALLENGE PARTICIPANT UNDER THE AGE OF 18 ENTERING ONE OF THE CENTER FOR ADVANCING INNOVATION’S CHALLENGES

Name of Potential Challenge Participant (“Challenge Participant”) Under 18:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School / Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When a Challenge Participant is below the age of 18, the Center for Advancing Innovation needs to outline some particular areas that must be agreed by the Challenge Participant and the parent/guardian for them to be able to participate in the the Center for Advancing Innovation’s challenges

1. **Level of care and support**

The “Challenge Organizers” (The Center for Advancing Innovation, INC) are not in a position to offer substantial extra care, support or surveillance to Challenge Participants under the age of 18. The Challenge Organizers will not act *in loco parentis* (i.e. will not take to fulfil the duties normally undertaken by a parent)*.*  In agreeing to having their child participate in the Challenges as a Challenge Participant, a parent accepts that they are willing for their child to receive the same degree of care and attention that the Challenge Organizers gives its adult participants, and it is important that the parents make sure they understand the Challenge requirements and demands that their child will be pursuing and what is involved in this. If a parent wishes for their child to receive additional care, support or oversight, they must personally make arrangements and take responsibility for its provision.

1. **Emergency contacts**

The parent must ensure that the Challenge Organizers are supplied with emergency contact details and that these details are kept up to date. If the parents are not present in the same country, they should nominate a guardian in the country who will act for them if necessary. The parent must agree that the Challenge Organizers may arrange medical care in the event of an emergency until contact is made with the nominated guardian and/or the parent.

1. **Contracts, including but not limited to: Confidentiality Agreement, Letter of Intent, and a Founder’s Agreement**

The parent must guarantee fulfilment of any contract their child enters into with the Challenge Organizers. The Challenge Organizers shall deem the Challenge Participant as competent to understand all aspects of the Challenge (including rules).

1. **In summary:**
* I understand and accept that the Challenge Organizers do not accept any parental responsibility for my son / daughter
* I consent to the activities that my son / daughter will be undertaking in the Challenge
* I consent to the Challenge Organizers acting on medical advice in the best interest of my son / daughter to authorize emergency medical treatment if it is not possible to contact a parent or an appointed guardian
* I agree to accept liability for my son / daughter’s contracts and I will enter into a legally binding guarantee if requested by the Challenge Organizers
* I understand and accept that my son/daughter will be subject to Challenge rules
* I understand and accept that Challenge Organizers cannot release or discuss information related to my son / daughter unless my son or daughter has provided consent
1. **Parent/guardian's details**
* NAME……………………………………………………………………………………………………..
* ADDRESS…………………………………………………………………………………………………
* TELEPHONE………………………………………………………………………………………………
1. **Guardian within the country where my son/daughter resides (if applicable)**
* NAME……………………………………………………………………………………………………..
* ADDRESS…………………………………………………………………………………………………
* TELEPHONE………………………………………………………………………………………………
1. **Emergency contact details** (please give as much information as possible for emergency contacts)
* NAME……………………………………………………………………………………………………..
* ADDRESS…………………………………………………………………………………………………
* TELEPHONE………………………………………………………………………………………………
1. **I have read the above conditions; I understand them and I consent to them.**

**Signed:**

* Parent(s)……………………………………………………………………………………………………
* Challenge Participant…………………………………………………………………………………………………