### Kinetic Knights Handbook Acknowledgment

I have received a copy of the Kinetic Knights Team Handbook. I have read the Handbook in its entirety, understand it, and discussed any questions or concerns I may have with the mentors.

Since the information and policies described here are subject to change with or without notice, I acknowledge that revisions to the Handbook may occur and I understand that these revisions supersede existing policies.

Team membership with the Kinetic Knights is subject to the policies stated in this Handbook and all forms must be completed, signed and returned to the Kinetic Knights to participate.

#### By signing this Handbook Acknowledgment, We affirm the following:

- We have read the Handbook in its entirety, understand the privileges and responsibilities being a member entails, and agree to abide by the rules and requirements therein.
- We understand that the consequences of not complying with the Handbook may result in the removal from the team, and that this will be solely at the discretion of the Board of Directors.
- We agree with the philosophies *FIRST* upholds including Gracious Professionalism and Coopertition.
- We understand that this is a robotics TEAM and we will work together as a team. We understand that Kinetic Knights is a collaborative project between students and mentors.
- We agree that in order for this team to be successful, it will require the full participation of the students with parental support.

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Student Name	Date
Student Signature	
O .	
Parent/Guardian Name	Date
Parent/Guardian Signature	
Handbook Acknowledgement	1 of 1

# **Kinetic Knights Member Application**

Student Information			
First Name:		Last Name:	
Nickname:			
Address:			
City:	Province:		Postal Code:
Date of Birth:		Home Phone:	
Mobile Phone:		Receive Texts:	Y / N
Email:			
I give permission for my email a	ddress to be sha	red with member	rs of the team Y/N
Other Contact Info (Facebook, T	witter, etc.):		
Parent/Gu	ıardian #1 Infor	mation (Primar	y Contact)
First Name:		Last Name:	
Address:			
City:	Province:		Postal Code:
		Home Phone:	
Cell Phone: Receive Te		Receive Texts:	Y / N
Email:			
I give permission for my email a	I give permission for my email address to be shared with members of the team Y/N		
I	Parent/Guardiai	n #2 Informatio	n
First Name:		Last Name:	
Address:			
City:	Province:		Postal Code:
	Home Phone:		
Cell Phone:	Receive Texts: Y / N		Y / N
Email:		I	
I give permission for my email address to be shared with members of the team $$ Y $$ / $$ N			rs of the team Y/N

# Kinetic Knights

Student Questions			
FIRST and/or Robotics Experience (jrFLL, FLL, FTC, FRC) (What teams? Tell us about it.):			
Experience (check all that apply	y):		
Programming (Java, C#, etc)	☐ Electrical (wiring, circuits)	☐ Technical Writing	
□ CAD	☐ Website development	Videography	
 Metal working	 ☐ Engineering	 ☐ Journalism/Blogging	
Marketing	☐ Photography	Graphic Design	
 ☐Fundraising	Other:	_	
Kinetic Knights Team Interests	(check at least two):		
☐Mechanical (Build Teams)	Marketing	☐ Photography	
□CAD	Business	☐Videography	
□Electrical	☐ Drive Team	☐ Scouting	
Programming	Other:		
	Other Commitments		
Please list other activities you a	re involved with throughout the y	rear (jobs, sports, classes, math	
team, science team, etc.):		(10 20, op 01 00, 01 00 00, 11 1 00 1	
Activity Name	Time of year	# hours/week	
	ring the 6 week build season that	you will not be available?	
$(1/6 \text{ to } \sim 2/20)$ :			

# Kinetic Knights

# **Short Answers** Please take time to consider your answers for each of the following questions. There are no right or wrong answers, your answers will assist in selection and placement on the robotics team. Feel free to attach additional paper or type your responses if easier. Why do you want to join this team? What qualities/experiences do you have that would make you a significant contributor to our team? What do you hope to gain from this experience? Are you able to commit to a very heavy schedule as outlined in the handbook during the build season? Are you able to commit to this schedule and keep your other outside commitments up? If not, please explain the circumstances. Do you have any other additional thoughts you would like to share with us? I agree that the information that I provided is true and correct to my ability. Please sign and return to Kinetic Knights for inclusion in our files.

Date:

Student Name:

Student Signature:

# Kinetic Knights

Parent Questions		
All of our competitions will require travel, will your student be ab	le to attend these events?	
The questions below have no bearing on admissions and are for in	nformational purposes only:	
From time-to-time the team needs additional adult for supervision and/or travel chaperones. What level of involvement are you interested in?		
Do you have any other additional thoughts you would like to share with us?		
I agree that the information that I provided is true and correct to my ability. Please sign and return to Kinetic Knights for inclusion in our files.		
Parent Name:		
Parent Signature:	Date:	

Participant Name:		Participant Age
•	Last name, First name	

ASSUMPTION OF RISK – WAIVER AND RELEASE OF LIABILITY Kinetic Knights Robotics.

Please read carefully! This is a legal document that affects your legal rights!

For purposes of this agreement Kinetic Knights Robotics refers to Kinetic Knights Robotics, and its board, officers, directors, agents and assigns, and Participant refers to the individual participating in events with Kinetic Knights Robotics and to Participant's parent or guardian if Participant is less than 18 years of age.

Kinetic Knights Robotics is a nonprofit organization formed to allow participants to design and build robots, and to compete with robots in local, provincial, and international competitions.

Participant named above desires to take part in activities with Kinetic Knights Robotics.

In consideration of the acceptance of his/her participation with Kinetic Knights Robotics, Participant (and Participant's parent or guardian if applicable) states and agrees to the following:

- ASSUMPTION OF RISK: I understand that activities performed with Kinetic Knights Robotics may be hazardous. I recognizes that the following activities, all of which may be performed with Kinetic Knights Robotics, can cause serious bodily injury:
  - Construction and operation of robots;
  - Use of power tools;
  - Use of high voltage machinery;
  - Use of heavy and/or sharp objects;

I assume the risks of injury (including, without limitation, death) of these activities and any other activities Participant may perform with Kinetic Knights Robotics.

- MEDICAL TREATMENT: In the event I should sustain injuries or illness while participating with Kinetic Knights Robotics, I hereby authorize Kinetic Knights Robotics to administer, or cause to be administered such first aid or other treatment and medications as necessary under the circumstances. I releases and forever discharge Kinetic Knights Robotics from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in collection with Participant's activities with Kinetic Knights Robotics.
- RELEASE AND WAIVER: I release and forever discharge and hold harmless Kinetic Knights Robotics and its successors and assigns from any and all liability or claims that I may have against Kinetic Knights Robotics with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Participant's activities with Kinetic Knights Robotics. I understand and acknowledge that the claims being released include, without limitation, claims based on or in any way related to the negligence of Kinetic Knights Robotics and, if allowed under applicable law, the gross negligence of Kinetic Knights Robotics. I also understands that Kinetic Knights Robotics does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
- INDEMNIFICATION: I agree to protect, defend, indemnify and hold harmless Kinetic Knights Robotics from any and all liability, claims, lawsuits, damages, or liability of any character, type, or description, including negligence, gross

negligence, and/or strict liability, arising out of Participant's activities with Kinetic Knights Robotics.

Participant expressly agrees and intends this agreement to be as broad and as inclusive as permitted by the laws of the Province of Ontario. Further, Participant agrees that this agreement shall be governed and interpreted in accordance with the laws of the Province of Ontario.

If any one or more of the provisions contained in this agreement are held to be invalid, the Participant agree that the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this agreement.

Participant			
Signature:		Date:	
Name (Printed):		Age:	Gender:
	AND (if Participa	nt under 18)	
Parent or Legal Guardian	of Participant		
Signature		Date:	
Name (Printed):		Relationship	:
Street Address:			
Suite/Apt. # City:		Province:	Postal Code:
Phone: Home	Work	Emer	gency
Email:			

## **Kinetic Knights Tool-Use Safety Contract**

#### **Kinetic Knights Tool Safety Contract**

Student Members will be completely responsible for the construction of a robot. This building process will require the use of both manual and power tools. ALL tools have inherent dangers and can cause injury to the user as well as persons in the immediate area.

#### I Recognize that:

•	Safety is ultimately the responsibility	of the person using the tool.	
•	•	ven when everyone involved is following safety ts and injuries increases if I do not follow all safety	
to work the Han I agree place fo	k and learn if I conduct myself in a res ndbook and this form with my parent to assume responsibility for my own	t the robotics construction area is a safe place in which sponsible manner. I have read through the safety rules in //guardian and agree with all the statements on this form safety and work diligently to make the work area a safety rules and any additional instructions, written or verbals.	m. e
Studen	t Member Signature	Date	
I have rechild. I construauthorissafety t	believe that my child understands his action area. I believe that my child is a ize my child to undergo safety trainin	andbook and all the statements on this form with my s/her responsibility with regard to safety in the able to act responsibly in the construction area. I g for the power tools. After my child has received the ne tools and be in the immediate area while other	
Parent,	/Guardian Signature	Date	

### **Kinetic Knights Media Release**

Every year, the Kinetic Knights, as part of Kinetic Knights Robotics, uses photographs and videos of our team members for a variety of projects and media. These images may be used in educational and documentary materials such as Public Service Announcements, Grant Applications, Video Documentaries and both printed and online newsletters. This includes use on social media networks such as Facebook, Twitter, Instagram and YouTube.

I hereby grant permission to Kinetic Knights Robotics, and its agents to:

- Photograph, video, and/or make audio recordings of me;
- Use my image, likeness, and voice for all program promotion, materials, and any other purposes in connection with Kinetic Knights Robotics activities;
- Reproduce and/or publish any photographs, video, and/or audio recordings of me for any purpose in connection with Kinetic Knights Robotics activities;

Further, I hereby grant Kinetic Knights Robotics, and its agents a perpetual, non-exclusive, royalty-free right and license to use or publish such photographs, video, and/or audio recordings of me for any purpose in connection with Kinetic Knights Robotics activities.

And I agree to release and forever discharge Kinetic Knights Robotics, and its agents from any and all claims in law or equity that I, my heirs, or personal representatives have or shall have arising out of such photographs, video, and/or audio recordings of me.

I acknowledge that by signing this form I waive any right to royalties or other compensation arising from the use of my photograph or video, and if signing on behalf of a minor, I waive all such rights of the minor.

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Student Name	Date
Student Signature	
Parent/Guardian Name	Date
Parent/Guardian Signature	
Media Release	1 of 1

## **Kinetic Knights Travel Release**

As part of our activities, the Kinetic Knights must travel around town and to out-of-town events. In addition to attending out-of-town competitions, trips may include running errands (buying parts, tools and materials), visiting other local teams, attending outreach events and meetings with sponsoring businesses.

I understand that private drivers, which may include a student, a mentor or the parent of another student may be used to transport students to and from activities. The owner of the vehicle must carry bodily injury insurance. The Kinetic Knights Robotics insurance does not cover damages arising from, or related to, the operation of any private vehicle, failure to follow the directed driving route, or any personal negligence related to this activity.

I agree to release the Kinetic Knights Robotics, Kinetic Knights and its mentors from all liability with reference to the above stated transportation.

Student Name	Date	
 Student Signature	_	
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	_	

# **Kinetic Knights Medical Release**

This information will remain confidential.

Name:	B	Birthdate/Age:	
Address:	City:	Postal Code:	
Parent/Guardian Name :			
Home Phone:	Work Phone:	Cell:	
Emergency Contact:	Phone:	Relationship:	
Known Allergies:			
Current Medications:			
Other Medical Conditions:			
I authorize the Kinetic Knights, and n treatment, including hospital care, to licensed health care provider. The pa signature below represents consent a Student Name	be rendered to my chilo rent/legal guardian is ro	d by or under the supervision of a esponsible for any fees or costs. My	
Student Signature			
Parent/Guardian Name	 Date		
Parent/Guardian Signature Medical Release	 1 of 1	V	