

WilHacks Event Forms

Attached are three documents to review and sign: Code of Conduct, Parent Packet, and Emergency Contact Form. They are necessary for our team to ensure the safety of participants and inform families about the rules. WilHacks will be abiding by the Santa Clara Unified School District's regulations as it is taking place on a SCUSD campus.

WilHacks Code of Conduct

The Santa Clara Unified School District celebrates diversity and is committed in all of its activities, policies, programs and procedures to provide equal opportunity for all and to avoid discrimination or harassment against any person regardless of age, race, gender, sex, actual or perceived sexual orientation, or any other reason.

The Santa Clara Unified School District treats any threats or suggestion(s) of committing a harmful act to another student or adult on campus as a very serious offense. Students committing these acts will be subject to removal from the event.

Attendees will be subject to grounds for removal for violating any section of the Code of Conduct or for any other action that is deemed a perceived threat at the discretion of the WilHacks organizing team.

WilHacks will not tolerate possession of any weapons or dangerous materials (e.g. explosives, alcohol, drugs, etc.). These items will be confiscated if found on any person and the possession of any prohibited item will result in disciplinary and/or legal actions.

Student Safety

Be respectful. Harassment and abuse are never tolerated. If you are in a situation that makes you uncomfortable at the event, if the event itself is creating an unsafe or inappropriate environment, or if interacting with an event organizer makes you uncomfortable, please report it using the procedures included in this document.

The WilHacks Organizing team stands for inclusivity. We believe that every single person has the right to hack in a safe and welcoming environment. Harassment includes but is not limited to offensive verbal or written comments related to gender, age, sexual orientation, disability, physical appearance, body size, race, religion, sexual images in public spaces, deliberate intimidation, stalking, following, harassing photography or recording, sustained disruption of talks or other events, inappropriate physical contact, and unwelcome sexual attention.

If what you're doing is making someone feel uncomfortable, that counts as harassment and is enough reason to stop doing it. Participants asked to stop any harassing behavior are expected to comply immediately. Sponsors, judges, mentors, volunteers, organizers, and anyone else at the event are also subject to the anti-harassment policy. In particular, attendees should not use sexualised images, activities, or other material both in their hacks and during the event. Booth staff (including volunteers) should not use sexualised clothing/uniforms/costumes, or otherwise create a sexualised environment. If a participant engages in such behavior, the WilHacks Organizing team

may take any action it deems appropriate, including warning the offender or expulsion from the event with no eligibility for reimbursement or refund of any type.

If you are being harassed, notice that someone else is being harassed, or have any other concerns, please contact the WilHacks Organizing team using the reporting procedures defined below. WilHacks representatives will be happy to help participants contact campus security or local law enforcement, provide escorts, or otherwise assist those experiencing harassment to feel safe for the duration of the event. We value your attendance. We expect participants to follow these rules at all hackathon venues, hackathon-related social events, and on hackathon supplied transportation.

Reporting Procedures

If you feel uncomfortable or think there may be a potential violation of the code of conduct, please report it immediately using one of the following methods. All reporters have the right to remain anonymous.

The WilHacks Organizing team reserves the right to revise, make exceptions to, or otherwise amend these policies in whole or in part. If you have any questions regarding these policies, please contact the WilHacks Organizing team by e-mail at [**team.wilhacks@gmail.com**](mailto:team.wilhacks@gmail.com)

Special Incidents: If you are uncomfortable reporting your situation to one or more of these people or need to contact any of them directly in case of emergency, direct contact details are listed below.

Nikhil Mandava - (408-583-7665) nikmandava@gmail.com

Shivangi Kar - (408-888 -5677) shivangikar@gmail.com

Arjun Loganathan - (408-786-7715) arjun.loganathan@gmail.com

THE PARENT/LEGAL GUARDIAN MUST SIGN THIS CODE OF CONDUCT ON BEHALF OF THE STUDENT.

Name of Student/Child

Signature of Parent/Guardian

Date

Parent/Legal Guardian Name

Parent Packet
Liability Release, Waiver, Discharge and Covenant Not to Sue

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releaser, on my own behalf, on behalf of my child, and on behalf of my heirs, executors, administrators, legal representatives and assigns.

As the undersigned Releaser, I fully recognize that there are dangers and risks to which my child may be exposed by participating in the program, trip or other activity described as "WilHacks" (the "Activities"), taking place from October 13th to to October 14th at Wilcox High School (3250 Monroe St, Santa Clara, CA 95051).

I agree to assume and take on myself all of the risks and responsibilities in any way arising from or associated with this Activity, and I release Santa Clara Unified School District and WilHacks and all of its affiliates, vendors, divisions, departments and other units, committees and groups, and its and their respective governing boards, officers, directors, principals, trustees, legal representatives, members, owners, employees, volunteers, agents, administrators, assigns, and contractors (collectively "Releases"), from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with the Activity, including any injury or harm to me, my death, or damage to my property (collectively "Liabilities"), unless caused by the reckless endangerment or willful misconduct of Releases, and I agree to defend, indemnify, and save Releases harmless from and against any and all Liabilities. As the undersigned Release, I recognize that this Release means I am giving up, among other things, all rights to sue Releases for injuries, damages or losses I or my child may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself. I also affirm that I have adequate medical or health insurance to cover any medical assistance my child may require. I understand going off campus or to undesignated areas is against rules and WilHacks and Santa Clara Unified School District and all of its affiliates, vendors, divisions, departments and other units, committees and groups, and its and their respective governing boards, officers, directors, principals, trustees, legal representatives, members, owners, employees, volunteers, agents, administrators, assigns, and contractors will not be responsible for my child if he or she goes out of campus. I agree that this Release shall be governed for all purposes by California law, without regard to such law on choice of law.

I have read the WilHacks Code of Conduct with my child and understand the rules for participating in WilHacks. I have read the information listed on the the event website: <http://www.wilhacks.com/>. I, the undersigned, give my permission for and grant WilHacks the irrevocable right to:

- Interview my child in the Program and appearance on videotape, audiotape, film, photograph or any other media, whether now known or hereafter existing (the "Recordings").
- Use, reproduce, distribute, publicly display and/or publicly perform, either electronically or by any other media whether now known or hereafter existing, and to allow others to do the same, name, likeness or voice, the Recordings, in whole or in part worldwide, without restrictions or limitations, in perpetuity, for any purpose, including without limitation, promotional, educational or commercial use.
- I agree to make no accounting, monetary or other claim against WilHacks for use of my child's name, likeness or voice, or the Recordings.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

_____ I give WilHacks permission to release my child's name and school name to Santa Clara Unified School District solely for the purpose of maintaining my child's standings and attendee profile.

_____ I do not give WilHacks permission to release my child's name and school name to Santa Clara Unified School District. .

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.

Name of Student/Child

Signature of Parent/Guardian

Date

Name of Parent/ Legal Guardian

Student/Child Phone Number

Parent/Guardian Phone Number

Student/Child Email

Parent/Legal Guardian Email

SCUSD EMERGENCY CONTACT FORM

Childs Name: _____ M or F _____ Date of Birth _____

Name the child prefers to be called: _____

Does your child have any health concerns (medications, chronic conditions, behavioral or emotional challenges)? Yes _____ No _____

If yes, please give us additional information about your child and his/her needs that will help us facilitate a great experience:

Known allergies and reactions: _____

Medications and frequency of use: _____

Physician Name: _____ Physician Phone Number _____

Insurance Name: _____ Policy Number: _____

List the persons who can either pick up and/or assume responsibility for your child(ren) in the event of an emergency if parents cannot be reached. At least one non-guardian contact person must be listed with their phone number:

Name: _____ Phone Number: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

I hereby give permission to the SCUSD staff to secure emergency medical and/or surgical treatment for my child while under their care. All expenses of such care will be accepted by the parent(s)/legal guardian, including fees for an ambulance, if deemed necessary by SCUSD staff. I realize attempts to reach me prior to any decisions will made unless a life-threatening situations is at hand or circumstances do not allow.

Legal Guardian Name: _____

Signature: _____

Date: _____