



## Technology Cooperative

### PARENTAL CONSENT FORM AND WAIVER OF LIABILITY AGREEMENT

(A parent or guardian must complete this form.)

This form must be completed and signed by a parent or guardian and returned before the first day of the program. Please return completed forms to:

Eric Johnson  
 % Technology Cooperative  
 13 Emory Place  
 Knoxville, TN 37917

I/We the undersigned \_\_\_\_\_

Parent or Guardian's Printed Name

parent(s) or guardian(s) of \_\_\_\_\_

Participants's Name

a minor participating in the \_\_\_\_\_

Name of Program

program at the Technology Cooperative, do hereby authorize the participation and attendance of the said minor in the program, and all activities in connection therewith. I/We have been fully and completely informed and advised regarding the nature and purpose of said program and the activities conducted therein. It is my/our full and free decision to allow said minor to participate in this program.

I/We certify that said minor is in good health, and hereby authorize the directors of the Program to act for me/us, according to their best judgment, in any emergency requiring medical attention. I/We understand and agree that Program instructors, counselors, and staff may need to contact appropriate emergency medical providers regarding said minor.

I/We also understand that the program director/staff has the right to dismiss said minor from the program and send him/her home without refund for causing damage to property, inappropriate behavior, or misconduct, and I/we may be billed for damages to Technology Cooperative property or other replacement costs resulting from theft or damage to property.

I/We agree to allow photographs, video, or audio of said minor taken by Technology Cooperative photographers and/or program director/staff during the course of the program to be used in the program's publicity, including website, display boards, booklets, and brochures. I/We agree to allow Technology Cooperative to display student generated content, with proper attribution to the student, on the Technology Cooperative web site.

In consideration of Technology Cooperative accepting and permitting said minor into this program, I/we do hereby, for myself, my family and anyone entitled to act on my behalf, release and discharge the Technology Cooperative, its Board of Trustees, and their respective officers, employees and agents from any and all claims or causes of action, in the absence of gross negligence, that may arise during or as a result of said minor's attendance and participation in this program.

My/our signature(s) on this Parental Consent Form and Waiver of Liability Agreement signify(ies) my/our understanding and acceptance of the terms and conditions set forth therein.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

The Technology Cooperative complies with the provisions of the **Title VI Civil Rights Act of 1964** and all requirements imposed pursuant thereto, to the end that no person shall, on the grounds of race, color, or national origin be excluded from participation in, be denied benefits of, or be subjected to discrimination in the provision of any assistance, care, or services.

For additional information about Technology Cooperative's non-discrimination obligations under Title VI, or to file a Title VI Discrimination Complaint, please send your written request or complaint to:

Executive Director  
Technology Cooperative  
13 Emory Place  
Knoxville, TN 37902



## The Technology Cooperative Participant's Behavior Contract

---

Participant's Name \_\_\_\_\_

***Parents/Guardian:***

***Please review the following behavior contract with the participant. Ensure that they understand that they will be expected to follow all part of the agreement at all times at the Technology Cooperative. Failure to follow these rules will lead to disciplinary actions up to expulsion from the program, and further activities, and without refund.***

The participant must read and initial each statement and sign, along with his/her parent or guardian, at the bottom to show that he/she agrees to abide by the rules and policies of the Technology Cooperative program.

**While on Technology Cooperative property, I will:**

\_\_\_\_\_ Make a strong effort to engage in the programming and constructively work and interact with other participants.

\_\_\_\_\_ Respect the needs and feelings of others and show kindness with all I come in contact with.

\_\_\_\_\_ Show respect for staff through my attitude and behavior, including following directions.

\_\_\_\_\_ Demonstrate a high-level of responsibility and care with Technology Cooperative property, my property, and the property of others. I understand that the destruction or defacement of property both physical and digital will result in disciplinary actions and monetary compensation for the damaged items.

\_\_\_\_\_ Wear clothing that is appropriate and shows respect for myself and others. My clothing will be size appropriate, modest, and not display inappropriate or disruptive slogans, gestures, or brands.

\_\_\_\_\_ Limit the use of electronic devices, including, but not limited to, cell phones, music players, and handheld games to non-instructional time. I am aware that loss, damage, or theft of such items is not the responsibility or concern of staff, Technology Cooperative, or Technology Cooperative employees.

**While on Technology Cooperative property, I will not:**

\_\_\_\_\_ Use physical violence, violent language, or threats, which are disruptive or unlawful, including but not limited to:

- o Fighting or using "Fighting words."
- o Roughhousing or wrestling.
- o Physical or verbal threats.
- o Bullying or intimidation.
- o Use of weapons or other objects as weapons.

\_\_\_\_\_ Bring items which are unlawful or prohibited, including but not limited to:

- o Weapons of any kind.
- o Fireworks or explosives.
- o Drugs (including alcohol, cigarettes or any medication not listed on health forms).

\_\_\_\_\_ Use the Internet to view inappropriate material or post inappropriate content. Parents should be aware that Technology Cooperative computers do not contain filtering programs to prohibit access to inappropriate content, so if a student accidentally lands on an inappropriate page he/she is asked to close the browser immediately and tell the instructor what happened.

\_\_\_\_\_ Leave the building without informing staff.

\_\_\_\_\_ Use profanity, but will maintain language and decorum appropriate for the classroom setting. Technology Cooperative staff will exercise a zero-tolerance policy concerning physical and verbal violence, illegal and prohibited substances and items, and sexually inappropriate activities.

Having read and understood the Participant Behavior Contract above, I agree to follow these policies during my time in the program. I also understand that failure to comply with these policies will have consequences, which may include, but are not limited to, being prohibited from participating in some or all activities, being dismissed from the program and sent home, and being prohibited from returning to this and/or future Technology Cooperative programs.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## PHOTO AND VIDEO RELEASE FORM

From time to time representatives of the media may come to the Technology Cooperative to provide news coverage of activities or events. Your child may be interviewed and or photographed by representatives of the external news media and/or the Technology Cooperative for marketing promotions. Your child's image, name, work product and school may be revealed in the presentation. Additionally your child's work and/or photograph may be published on the Technology Cooperative internet web pages and for internal and external promotion of the Technology Cooperative.

Students captured on film will not be paid or compensated by the Technology Cooperative or any other person/entity in any way for use of their image, likeness or commentary. Please be aware that your authorization also grants the Technology Cooperative rights to use of the material in perpetuity.

This form will be valid for the duration of your child's attendance in programs at the Technology Cooperative. Feel welcome to direct your questions or concerns to the Executive Director of the Technology Cooperative by dialing 865.272.9770 or sending an email to [Techco@techco.org](mailto:Techco@techco.org).

\_\_\_\_ I/we grant permission to have our child photographed/videotaped as described above.

\_\_\_\_ I/we do not grant permission to have our child photographed/videotaped as described in the above letter

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## STUDENT INFORMATION FORM

Student Information

---

### Student Legal

Name \_\_\_\_\_  
 (First Name) (Middle I) (Last Name)

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Gender  Male  Female

Current Age \_\_\_\_\_

Current Grade Level:  6th  7th  8th  9th  10th  11th  12th

---

**Please choose from the following T-Shirt sizes (Please select only one size):**

XS  S  M  L  XL  XXL

**Put a check next to the topic below that interests you:**

- computer programming  creating video games  creating mobile games  web page design  
 starting a business  electronics  inventing  robotics  graphic design  
 computer animation  rocketry  digital video  computer repair  digital photography

Do you have a computer at home you can use?  Yes  No

Do you have internet access at home?  Yes  No

Do you have a smart phone?  Yes  No

Favorite class in school? \_\_\_\_\_

Least favorite class in school? \_\_\_\_\_

**Please indicate below important information about your child's health that staff should be aware of:**

**Health Conditions**

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

**Allergies**

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

**Dietary Restrictions**

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

**Parent Information**

\_\_\_\_\_

**Father/Mother/Legal Gardian Name**

\_\_\_\_\_

(Please Print)

Home Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_

May we also contact you by sending a text message to your mobile phone?  Yes  No

Emergency Contact Name

\_\_\_\_\_

Emergency Contact's Relationship to Student \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_