

ACTIVITY DETAIL FORM

Name of Activity: WiCHacks 2016

Date(s) of Activity: February 27-28, 2016

Location of Activity: **RIT, Golisano College of Computing and Information Sciences, Lomb Memorial Dr. Rochester NY 14623**

Description of Activity: **WiCHacks** is a collaborative programming event in which participants create an app, website, game, or other piece of software over the course of the event. Hackathon participants can be female college (including non-RIT) or high school students who are at least 16 years of age. **This event is open to women of all skill levels:** those who haven't programmed at all, women who have done some programming, and the best women programmers out there. It will be a great day to learn, invent, and create the future. Don't have a team in mind? No worries -- RIT Women in Computing will be hosting a series of events (including one on the morning of the event) to facilitate team formation. **All meals (breakfast, lunch, dinner, and snacks) will be provided, and participation is free.**

New to programming? Join our **Newbie Track!** The Newbie Track runs right along with the hackathon and teaches basic programming skills to those who have little to no programming experience.

By participating in these activities you may be exposed to several inherent risks, including but not limited to those listed below:

I understand that participating in this activity can be dangerous involving many risks of injury, including but not limited to serious injury to bones, joints, ligaments, internal organs as well as the risk of death or serious disability. Any of these injuries may lead to a permanent impairment to engage in the business, social and recreational activities I generally enjoy in life. Because of the dangers of participating in this activity, I warrant that I am knowledgeable in the use of protective equipment and rules of the activity, and agree to abide by such use of protective equipment and rules. I am fully aware of the risks and hazards associated with the activity, and hereby elect to voluntarily participate in this activity.

In our effort to conduct a safe event, we request that you conduct your participation with the safety of yourself and others in mind.

Please read and sign the Release Agreement on the reverse side of this form.

****REQUIRED INFORMATION****

Participant Phone #: _____

Parent/Guardian Phone #: _____

Emergency Contact Phone #: _____

Transportation Contact Info:

Name of person dropping you off: _____

Name of person picking you up: _____

Their Contact phone #: _____