Cyber Threat Defender Tournament
2019 Registration Form

Tournament Behavior, Policies, and Rules

• Participants must wear appropriate attire and shoes.
• Good conduct is expected from all participants. All participants must remain polite and civil towards the other participants and to Tournament staff.
• No profanity or fighting will be tolerated in the tournament.
• Disciplinary action for violation of tournament rules lie with the Tournament Director.
• Parents must accompany minor participants, ages 11-15.
• Participants who fail to comply with the tournament policies and rules will be dismissed and removed from the Tournament. Furthermore, they will be barred from participating in any future tournaments held by the Center for Infrastructure Assurance and Security at UTSA.
• Lunch is the responsibility of the tournament participant. Some food vendors are available on campus.
• Tournament participants (players) must be familiar with the Cyber Threat Defender Game and its rules of play. There will be no “instructional” period before tournament play begins.
• Tournament participants (players) must have read and be familiar with the Cyber Threat Defender Tournament rules.

I have read the above policies and will comply with the rules during the tournament.

________________________________  ______________________  ___________
Participants’ name  Signature  Date

________________________________  ______________________  ___________
Print Parent/Guardian name  Signature  Date
EVENT: CIAS Cyber Threat Defender Tournament 2019

NAME: ________________________________________ ADDRESS: ______________________________________
PHONE: _______________________________________ E-MAIL: ________________________________________
UTSA STATUS:     [  ] Faculty  [  ] Staff  [  ] Student  [  ] Visitor         Please check one

GENERAL RELEASE – RECORDING

I, ___________________________________, hereby grant The University of Texas at San Antonio (“UTSA”) the absolute and
irrevocable right and permission, to record my image, likeness and/or voice on a video, audio, photographic, digital, electronic or any
other medium (“Recording”) in which I may be included with others, to copyright for same; to use, reuse, alter, edit and publish the
same in whole or in part in any and all media including but not limited to use on the world wide web, now or hereafter, and for any
purpose whatsoever that UTSA deems appropriate including but not limited to, exhibition, education, illustration, promotion, art,
advertising and trade, and if appropriate, to use my name and pertinent education and/or biographical facts as UTSA chooses.

I hereby release and discharge UTSA, its governing board, officers, representatives, employees and agents from any and all claims and
demands for compensation arising out of or in connection with the use of the Recording.

I hereby release and discharge UTSA, its governing board, officers, representatives, employees and agents from any and all claims and
demands for compensation arising out of or in connection with the use of the Recording, including without limitation any and all claims
for libel or invasion of privacy.

I am of full age and have the right to contract in my own name. I have read the foregoing and fully understand its contents. This release
shall be binding on me and my heirs, legal representatives and assigns.

Signed: __________________________________________________________________ Date: ____________________

IF UNDER 18 YEARS OLD:

MINOR’S NAME: ____________________________________________________________________________________

I am the Parent/Guardian of the above named minor(s) who is under eighteen years of age and am fully competent to sign this release.
I hereby grant The University of Texas at San Antonio (“UTSA”) the absolute and irrevocable right and permission, to record the image,
likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium (“Recording”) of the above named
minor(s) or in which minor may be included with others, to copyright for same; to use, reuse, alter, edit and publish the same in whole
or in part in any and all media including but not limited to use on the world wide web, now or hereafter, and for any purpose
whatsoever that UTSA deems appropriate including but not limited to exhibition, education, illustration, promotion, art,
advertising and trade, and if appropriate, to use minor’s name and pertinent education and/or biographical facts as UTSA chooses.

I hereby release and discharge UTSA, its governing board, officers, representatives, employees and agents from any and all claims and
demands for compensation arising out of or in connection with the use of the Recording.

I hereby release and discharge UTSA, its governing board, officers, representatives, employees and agents from any and all claims and
demands for compensation arising out of or in connection with the use of the Recording, including without limitation any and all claims
for libel or invasion of privacy.

I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives
and assigns.

[  ] Has my permission          [  ] Does not have my permission

Signed by Parent or Guardian: ____________________________________________ Date: ______________________

Printed Name: ___________________________________________________________
MEDICAL TREATMENT CONSENT FORM

My son/daughter ___________________________ will be attending the CIAS’ Cyber Threat Defender Tournament at UTSA.

In the event of a medical emergency, an employee of the CIAS at UTSA Cyber Threat Defender Tournament staff has my permission to seek medical treatment for my child. In an emergency, please call _________________________ (parent/guardian) immediately at:   (      ) __________________.

INSURANCE AND HEALTH CARE

Parents should provide health insurance documentation for participants to keep with them during their time on campus. If any participant is seriously ill or injured, he/she will be accompanied to the closest off-campus medical facility by licensed emergency medical technicians. Medical costs incurred for treatment will be the responsibility of the parents or guardian of the individual treated. Individuals with life-threatening conditions will be taken directly to a hospital emergency room. Parental notification of minor injuries and illnesses is left to the discretion of the participant. Please discuss with your child your expectations regarding communication of such information. The UTSA Center for Infrastructure Assurance and Security cannot be responsible for or held liable for the administration of medication to participants. The tournament participant must be able to self-administer his/her own medication. Questions about medical related issues should be addressed to the Tournament Coordinator.

UTSA RELEASE AND INDEMNIFICATION AGREEMENT FOR PARTICIPANT

<table>
<thead>
<tr>
<th>Name of Participant</th>
<th></th>
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<tbody>
<tr>
<td>Student Identification Number if Enrolled at UTSA</td>
<td></td>
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<tr>
<td>Name of Parent/Guardian if Participant is &lt; 18 years old</td>
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<tr>
<td>Address</td>
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<tr>
<td>Age of Participant</td>
<td></td>
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<tr>
<td>Emergency Contact/Phone Number</td>
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<tr>
<td>Description of Activity</td>
<td>CIAS Cyber Threat Defender Tournament</td>
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<tr>
<td>Location of Activity</td>
<td>HSU 1.106 – Ballroom 1 (Student Union at UTSA)</td>
</tr>
<tr>
<td>Date of Activity</td>
<td>June 1, 2019</td>
</tr>
</tbody>
</table>
By signing below, I consent to the Participant’s participation in the above-described (“Activity”) and I certify that there is no medical reason why Participant should not participate in the Activity. I acknowledge that the nature of the Activity may expose Participant to hazards or risks that may result in Participant’s illness, personal injury or death, and I understand and appreciate the nature of such hazards and risks. I understand that Participant may have unsupervised access to the internet while on the UTSA campus or while otherwise participating in the Activity.

In consideration of Participant being permitted to participate in the Activity, I hereby accept all risk to Participant’s health, including any injury or death to Participant that may result from such participation and I hereby release UTSA, its governing board, officers, representatives, employees and agents from any and all liability to Participant, Participant’s personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant’s property and for any and all illness or injury to Participant’s person, including his or her death, that may arise from or occur during Participant’s participation in the Activity, WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.

I further agree to indemnify and hold harmless UTSA, its governing board, officers, representatives, employees and agents from liability for the injury or death of any person(s) and damage to property that may arise, in whole or in part, from Participant’s negligent or intentional act or omission while participating in the described Activity, WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.

________________________________________  ____________________________  ______
Signature of Participant or Parent/Guardian  Printed Name of Signatory  Date

If Participant is at least 18 years of age OR Signature of Participant’s Parent/Guardian if Participant is under the age of 18

________________________________________  ____________________________  ______
Signature of Witness  Printed Name of Witness  Date

Please submit Cyber Threat Defender Tournament registration forms to Julina Macy at julina.macy@utsa.edu or Larry Sjelin at larry.sjelin@utsa.edu.

Thank you! We look forward to seeing you on Saturday, June 1, 2019 at UTSA.