

2019 MATE Newfoundland and Labrador Regional ROV Competition

May 2nd – 4th, 2019

Marine Institute

St. John's, NL, Canada

PROXY REGISTRATION AUTHORIZATION

In consideration for receiving permission for my minor child to participate in the 2019 MATE Regional Competition name ROV competition organized by The MATE Center, MATE for Inspiration and Innovation, Eastman, and Marine Institute (collectively, the "Organizers"), I hereby authorize my child's teacher or mentor to complete an online Internet registration for the event referenced above.

As a condition for granting permission for my minor child's teacher or mentor to complete online Internet registration, I certify that I have read, understood, and signed the following documents:

1. The Active Network, Inc., Waiver and Hold Harmless Agreement;
2. The Organizers' 2019 Waiver and Release, Assumption of Risk, and Indemnity Agreement;
3. The Organizers' 2019 Media Release; and,
4. The Organizers' Participant Information Waiver.

I further certify that I have returned original signed copies of the above-referenced documents to the teacher or mentor.

Finally, I expressly authorize my minor child's teacher or mentor to complete an online Internet registration for the 2019 MATE Newfoundland and Labrador Student ROV Competition. This includes completing all online forms, providing all personal and contact data, and providing payment for participation.

I declare and affirm that I am the parent or legal guardian of a student under the age of 18 years who is registering to participate in the 2019 MATE International ROV Competition. By executing this Proxy Registration Authorization, I hereby consent to my minor child's participation in such competition and his or her registration for such competition. If I declare or affirm falsely, I understand that the child for whom I am a parent or legal guardian may be denied eligibility to participate in this or any future MATE ROV Competition by the Organizers or any future organizers.

Full Legal Name: _____

Street Address: _____

City: _____ State/Province: _____

ZIP/Postal Code: _____ Country: _____

Minor Child's Name: _____

Mentor's Name: _____

School or Affiliated Organization: _____

Signature: _____

Place of Signing: _____ Date: _____