



PARENTAL CONSENT AND ASSUMPTION OF RISK ACKNOWLEDGMENT

IN CONSIDERATION of my minor child (the "Minor") being permitted to participate in the **High School Science and Technology Program** (the "Program") at Ford Motor Company Facilities. (The "Facilities") I hereby consent to Minor's participation in the Program. I understand that I am assuming all of the risks if Minor gets hurt during the Program, and I state the following:

1. I consent to Minor's participation in the Program and HEREBY ACCEPT AND ASSUME ALL RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR ANY LOSSES, COSTS AND/OR DAMAGES RESULTING FROM ANY INJURY, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW.
2. I HEREBY RELEASE, DISCHARGE AND AGREE NOT TO SUE FORD MOTOR COMPANY, ITS SUBSIDIARIES, OFFICERS, EMPLOYEES, DIRECTORS, SUCCESSIONS AND ASSIGNERS (the "RELEASEES"), FROM ALL LIABILITY TO ME, MINOR, my and Minor's personal representatives, assigns, heirs and next of kin, FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY TO THE MINOR, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE.
3. I know that these risks may be caused by Minor's actions or inactions, the actions or inactions of others participating in the Program, who may also be minors, the rules of the Program, the condition and layout of the premises and the equipment, or the negligence of others, including those persons responsible for conducting or otherwise involved in the Program.

This Agreement is interpreted by, and intended to be as broad and inclusive as is permitted by Michigan law and if any portion hereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect. Any litigation related to the Program and/or this Agreement shall be brought only in a court of competent jurisdiction in the State of Michigan.

I HAVE READ THE ABOVE CONSENT AND ASSUMPTION OF RISK ACKNOWLEDGEMENT, UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.

Print Name of Student/Participant

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date

The document is valid for one year