

M²
E²

Maydm's Maker's Epic Experience

December 7th, 2019



Middle School | 8am-12pm
High School | 12-5pm

Epic Systems - Deep Space Building

1979 Milky Way, Verona, WI

Bus transport is available from East, West, and South Madison locations

Cost: \$25 | Scholarships Available

Breakfast or Lunch Included!

Register online at maydm.org/m2e2



Get creative
Get connected
Get coding

Program your own animations and characters to build your own 3D interactive story, and explore wearable technology with Micro:bit tiny computers!

Title Sponsor:



INCLUSIVE EXCELLENCE



AMERICAN FAMILY INSURANCE
INSTITUTE
FOR CORPORATE AND SOCIAL IMPACT

Supporting Sponsors:



GE Healthcare



608-819-6616

www.maydm.org

Maydm is a registered 501(c)(3) nonprofit

hello@maydm.org



Maydm's Maker's Epic Experience
December 7, 2019 at Epic

I am registering for:

- Maydm's Makers Epic Experience for **Middle School Students** (8 am - 12 noon)
- Maydm's Makers Epic Experience for **High School Students** (12 pm - 5pm)

Registrant Information

Name (first, last): _____

Birth Date (mm/dd/yyyy): _____ / _____ / _____

Gender: _____

Racial/ Ethnic Background (select all that apply):

- East Asian (Chinese, Japanese, Korean, Mongolian, Tibetan, and Taiwanese)
- South Asian (Bangladeshi, Bhutanese, Indian, Nepali, Pakistani, and Sri Lankan)
- Southeast Asian (Burmese, Cambodian, Filipino, Hmong, Indonesian, Laotian, Malaysian, Mien, Singaporean, Thai, and Vietnamese)
- African American/Black
- Hispanic/Latinx
- Middle Eastern
- White/Caucasian
- Native American/Alaskan Native/First Nations
- Pacific Islander
- Do not wish to disclose
- Other: _____

School and Grade Level: _____

Dietary Restrictions?: _____

T-shirt Size? Youth S Youth M Youth L
 Adult S Adult M Adult L Adult XL Adult XXL



Primary Parent/ Guardian Information:

Name (first, last): _____

Email/ Phone: _____ / _____

How would you prefer to be contacted by Maydm? Email Text Phone

How did you hear about Maydm? _____

Does this student receive free or reduced lunch? Yes No

Will the student be utilizing bus transportation to the event?

- Yes, from East Madison, Madison College Truax Campus
- Yes, from West Madison, Memorial High School Parking Lot
- Yes, from South Madison, Madison College Goodman South Campus
- No, I can provide transportation to Epic Campus

Please submit this application **by Thursday November 21**

*Maydm will contact you with enrollment confirmation and payment instructions.
Program payment is accepted via: mailed cash/check, Venmo, or card (call in)*



Permissions & Endorsements

General Release: By signing below, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the Sponsor, the Participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during activity. Further, the Participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

I certify that I have read and agree to the general release.

Signature: _____

Medical Release: I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I give my permission to: hospitalize and/or secure the services of a licensed physician, surgeon, or anesthetist in providing the necessary care for my child as named on this release form. I understand that Maydm will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent or guardian.

I certify that I have read and agree to the medical release.

Signature: _____

Photo Release: Maydm uses photography and other media to showcase and celebrate our students work and our program activities. I understand that during my participation in Maydm programs, recordings of me may be captured by Maydm for use in promotional or other materials such as websites, brochures, program materials, advertising, and such other use as Maydm may desire. I give my permission for Maydm to record, copy, edit, exhibit, publish, and distribute recordings of me, whether an image, photograph, video, voice recording, or other format, for any such purpose throughout the world. I hereby waive any right or interest in these images and sounds, including any rights of publicity, privacy, or other rights therein and irrevocably grant Maydm and its successors, assigns and licensees permission to use these recordings, however modified, without any further approval and release them from any and all liability whatsoever related to the use of these recordings. Any royalties or other compensation arising or related to the use of my image or voice recording, as well as the copyright in such image, belongs solely to Maydm.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I release and discharge Maydm and other parties acting with the permission of Maydm from any and all claims and demands arising out of or in connection with the use of my image and/or the rights granted under this release, including, without limitation, any and all claims for compensation, claims of defamation or claims regarding rights of privacy or publicity.

Note: Maydm will make every effort to avoid publishing identifying information. Last names will not be included in any materials.

I certify that I have read the photo release.

- Maydm may take photo/ audio/ video of the participant
- Maydm may not take photo/ audio/ video of the participant

Signature: _____



Please submit these agreements with your application

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