



The Institute of Navigation's
Seventh Annual Autonomous Snowplow Competition
St. Paul Winter Carnival
25-28 January 2018



APPLICATION FORM

APPLICANT or ORGANIZATIONAL SPONSOR:

Applicant/Organization Name (must be an incorporated college/university, organization, or company):

_____ Tax Id # _____

Street Address: _____

City, State/Province: _____

Zip Code/Country: _____

Primary Contact Person: _____

Primary E-mail Address: _____

Phone: _____ Fax: _____

VEHICLE ENTRY INFORMATION:

Name of Vehicle: _____

Brief Description of Autonomous Snowplow design: _____

SPONSORS:

List of Team Sponsors (if any, others may be added at a later date):

INDEMNIFICATION & PHOTOGRAPHIC/VIDEO RELEASE:

All team members listed below certify that they are 18 years of age or older and agree to indemnify, defend and hold harmless the Institute of Navigation (ION) and its officers, directors, subsidiaries, members, agents, employees, volunteer staff, successors and assigns from any and all claims, liabilities, damages, losses, claims, liens, judgments, penalties, fines, attorneys' fees, court costs and other legal expenses, insurance policy deductibles, and all other expenses arising from the acts and/or omissions of entrant, the faculty, participants, volunteers, employees, and agents while participating in the competition.

The undersigned further warrants that he or she read and agrees to be legally bound by all terms and conditions of participation in the Autonomous Snowplow Competition and that the information provided in this application form is true.

Entrant understands that the ION's North Star Section will provide security service during the event, but team members agree that neither the ION, its North Star Section, nor any of its agents shall be responsible for the safety or security of vehicles or equipment.

I hereby authorize, without limitation, the ION to film, photograph or interview me grant and convey to the ION all right, title and interest in any and all interviews, photographic images, video and audio recordings ("media") of me wholly or partially included in any form. This grant shall include but not limited to the right to copyright, use, alter, and publish such media, and the right to any royalties, proceeds or other benefits derived from the media. I hereby waive any right to inspect or approve the media, any materials that may be used in connection with the media, or the use to which it may be applied.

Advisor/Professional Team Members:

Name:	Email:	Signature:	Date:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Participants (please provide legible information):

Name:	Email:	Signature:	Date:
_____	_____	_____	_____
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Student Participants (continued):

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CERTIFICATE OF INSURANCE:

Note that a Certificate of Insurance certifying general liability insurance, at a minimum of one million dollars, must be submitted prior to the event with the following listed as a Certificate Holder and endorsed as an Additional Insured: The Institute of Navigation and all its officers, directors, employees and volunteers.

APPLICATION FEE:

Each application must include a \$100.00 (US) non-refundable, registration fee made payable to **Institute of Navigation**. For credit card payments, please contact the Institute of Navigation office at the phone number below.

APPLICATION SUBMISSION:

Please return the signed APPLICATION FORM, the CERTIFICATE OF INSURANCE, and the APPLICATION FEE **by 15 September 2017** to:

Lisa Beaty
Institute of Navigation
8551 Rixlew Lane, Ste. 360
Manassas, VA 20109-3701
Phone: 703-366-2723, Fax: 703-366-2724
E-mail: Lbeaty@ion.org

Please **also** email a copy of your application to:

Suneel I. Sheikh, Chair of Autonomous Snowplow Committee
sheikh@asterlabs.com

Late applications are accepted if ION is notified of intent prior to the above due date.

Team Advisor’s Complementary Professional ION Membership Application:

For more membership information please see <http://www.ion.org/membership>

Name: _____

Organization: _____

Position: _____

Address: _____

City: _____ State/Province: _____

Zip/ Postal Code: _____ Country: _____

Telephone Number: _____ Fax: _____

E-mail Address: _____