

**PARTICIPANT WAIVER, RELEASE OF LIABILITY,
AND ACKNOWLEDGEMENT OF RISK**

This Participant Waiver and Release of Liability and Acknowledgement of Risk Agreement (“Agreement”) is entered into by the undersigned party or parties and Microchip Technology Inc. (“Microchip”).

The person/s named below as “Participant/s” intend to participate in activities at the Microchip facility located in Chandler, Arizona, and may use certain materials provided at such facility for use in support of such activities (hereinafter, the “Activity” or “Activities”). I understand that the space for these Activities is being provided by Microchip as an accommodation to certain student groups. I acknowledge and agree that the Participant/s may participate in Activities only during times designated by Microchip and in designated areas of the Microchip facility. I also understand that Participant/s shall not engage in activities or be present at the Microchip facility without the presence of adult supervision which could be one of the team mentors or a parent.

I understand that there may be risks associated with participation in the Activities, and that those risks are voluntarily assumed by the Participant/s, and the parent or legal guardian of Participant/s if Participant/s is under 18 years of age. I acknowledge that each time Participant/s engage in Activity at Microchip's facility, this statement is effectively reasserted.

The Participant/s, and any person on behalf of Participant/s, is not entitled to and will not seek recovery of any liability coverage, benefits or compensation from Microchip for any injury, illness or other claim arising out of any Activity.

With this in mind, on behalf of myself, whether as a Participant/s or as the parent or legal guardian of any minor Participant/s, and the named minor Participant/s, spouse, marital community, heirs, executors, administrators and assigns, if any, I expressly waive, release, discharge and acquit any and all claims against Microchip, its subsidiary and related corporations, affiliates, predecessors, successors, and assigns, and all of their respective current and former owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (collectively the “Company”) from any and all liability, damages or causes of action, which are in any way connected with my participation in Activities or by my use of the Company’s equipment or facilities, ***including but not limited to any claims which allege negligent acts or omissions*** on the part of Microchip, claims for personal injuries, additional compensation or benefits in any form, or damages.

This Agreement may be modified only in a writing signed by me and an executive officer of Microchip. The provisions of this Agreement are severable, and if any provision is found to be unlawful or unenforceable, it shall be deemed narrowed to the extent required to make it lawful and enforceable. If such modification is not possible, such provision shall be severed from the Agreement and the remaining provisions shall remain fully valid and enforceable to the maximum extent consistent with applicable law.

I warrant and represent that I have carefully read and fully understand this Agreement;

understand that I am giving up all claims, damages, and disputes associated with Participant/s' participation in any Activities. I further warrant and represent that I had ample time to review and analyze this entire Agreement, and understand its final and binding effect; that I was given a reasonable amount of time to consider this Agreement before signing it; and that I have signed the Agreement as my free, knowing and voluntary act. The release I have agreed to herein is irrevocable by me, my heirs, assigns, estate or representatives.

(Please complete the name of each student and adult that will participate in the program.)

PARTICIPANT NAME (Please Print)

PARTICIPANT NAME (Please Print)

PARTICIPANT NAME (Please Print)

I HAVE READ THIS AGREEMENT. I UNDERSTAND THE EFFECT OF THIS AGREEMENT AND I VOLUNTARILY AGREE TO IT ON BEHALF OF ALL PERSONS NAMED ABOVE.

NAME OF PARENT OR GUARDIAN /
(if Participant is under 18 years of age)

Signature of Parent or Guardian

Date