

**The University of Texas at Austin Science Olympiad Regional
Recognition and Assumption of Risk Agreement,
Physician Release, Photo Release Form 2017**

I, the undersigned parent/legal guardian of _____, authorize said child's full participation in the University of Texas at Austin Regional Science Olympiad tournament, including related program activities. It is my understanding that participation in the activities that make up the University of Texas at Austin Regional Science Olympiad tournament is not without some inherent risk of injury. As such, in consideration of my child's participation in the University of Texas at Austin Regional Science Olympiad tournament, I hereby release, waive, discharge, and covenant not to sue the program, the University of Texas at Austin, University of Texas System, their officers, servants, agents, or employees from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releasees, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

I give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, including transportation. I also understand that my child should be covered with personal family medical insurance in the event of a serious accident and, if not, I accept responsibility for any medical costs.

I understand that by submitting this form my child's name, picture and name of school may be published on the Internet under the Tournament website and/or in any Science Olympiad printed publications. No addresses will be associated with photos.

If I attend the event along with my child's team, I also agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Printed Name of Parent/Guardian: _____

Parent's/Guardian's Signature: _____ **Date:** _____

As a member of the Science Olympiad Team, I agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Printed Name of Student: _____

Student's signature: _____ **Date:** _____

INSURANCE INFORMATION:
Personal Insurance Company: _____

Policy Number: _____

Name of Policy Holder: _____

The above named student does not have insurance (Please check)

This form must be completed and signed for every student participating in the University of Texas at Austin Regional Science Olympiad tournament.