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|  | Hendrickson High School  Science Olympiad Invitational  February 1, 2020 |  |

**ASSUMPTION OF RISK/PHOTO RELEASE FORM**

I, the undersigned parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize said child’s full participation in Hendrickson High School Science Olympiad Invitational, including related program activities. It is my understanding that participation in the activities that make up Hendrickson Science Olympiad Invitational is not without some inherent risk of injury. As such, in consideration of my child’s participation in Hendrickson Science Olympiad Invitational, I hereby release, waive, discharge, and covenant not to sue the program ,Hendrickson High School, 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 releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

I also 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, and accept responsibility for the cost.

**Print Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that I should make sure my child is covered with family insurance in the event of a serious accident.

**Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND SIGNED FOR *EVERY* STUDENT PARTICIPATING IN THE Hendrickson Science Olympiad Invitational**

**PLEASE TURN IN AT REGISTRATION IN ORDER TO PARTICIPATE IN THE Hendrickson Science Olympiad Invitational**