

Texas A&M University at Galveston
Regional Science Olympiad
RECOGNITION AND ASSUMPTION OF RISK AGREEMENT/PHYSICIAN
RELEASE/PHOTO RELEASE FORM

I, the undersigned parent/legal guardian of _____, authorize said child's full participation in the Texas A&M University at Galveston Regional Science Olympiad, including related program activities. It is my understanding that participation in the activities that make up the Texas A&M University at Galveston Regional Science Olympiad are not without some inherent risk of injury. As such, in consideration of my child's participation in the Texas A&M University at Galveston Regional Science Olympiad, I hereby release, waive, discharge, and covenant not to sue the program, Texas A&M University at Galveston, the Texas A&M University System, the State of Texas, their officers, servants, agents or employees from any and all 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: _____

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

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that a medical insurance policy carried by Texas A&M University at Galveston, if any, will provide only minimum coverage and that I should make sure my child is covered with family insurance in the event of a serious accident.

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

Student's Signature: _____ **Date:** _____

THIS FORM MUST BE COMPLETED AND SIGNED FOR EVERY STUDENT
PARTICIPATING IN THE TEXAS A&M UNIVERSITY AT GALVESTON REGIONAL
SCIENCE OLYMPIAD – NO EXCEPTIONS!

PLEASE TURN IN AT CHECK-IN ON THE DAY OF COMPETITION IN ORDER TO
PARTICIPATE