

Assumption of Risk and Release from Liability Form

2009 Science Olympiad National Tournament
AUGUSTA STATE UNIVERSITY
May 13-16, 2006

In consideration of Augusta State University's services rendered, and services to be rendered in organizing and managing the 2009 Science Olympiad National Tournament (SONT) at Augusta State University, Augusta, Georgia, from May 13-16, 2009, and in consideration of the Child's participation in the SONT, Child and Parent/Guardian, acting for the Child, hereby:

State that they understand that certain risks are inherent in travel and that they fully accept those risks. Those risks may include, but are not limited to, such things as incidents related to transportation, adverse weather conditions, and other physical, mental, and emotional injury.

State that they understand that the SONT Administration, and some of the Supervisors and Volunteers, are not agents or employees of Augusta State University.

State that they fully understand the risks and the scope of the activities involved in the SONT; agree that the Child will abide by the SONT rules and regulations; and agree to assume the risks of the Child's participation in the SONT, including the risk of catastrophic injury or death.

Release and fully discharge Augusta State University from all liability in connection with the Child's participation in the SONT, for or on account of any illness of or injury to the person or death, or for account of any loss or damage to personal property. Agree and understand that any medical expenses that might be incurred due to my Child's involvement in this activity will be my responsibility. Further, I agree to hold the University System of Georgia and Augusta State University and any of its employees harmless from any and all liability which could result from this activity.

DATE: _____

PARTICIPANT SIGNATURE: _____

PARTICIPANT NAME (PRINT): _____

ADDRESS: _____

PHONE: _____

If participant is under 18 years old, then his/her parents or guardian must sign below:

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN NAME (PRINT): _____