

# BLINN COLLEGE SCIENCE OLYMPIAD

March 7<sup>th</sup>, 2009

Blinn College

## 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 Blinn College Science Olympiad, including related program activities. It is my understanding that participation in the activities that make up Blinn College Science Olympiad is not without some inherent risk of injury. As such, in consideration of my child's participation in Blinn College Science Olympiad, I hereby release, waive, discharge, and covenant not to sue the program, Blinn College, the Division of Natural Science, 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:** \_\_\_\_\_  
\_\_\_\_\_

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

**Parent/Guardian signature:** \_\_\_\_\_

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 Blinn College, 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.

**Student's signature:** \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND SIGNED FOR EVERY STUDENT  
PARTICIPATING IN BLINN COLLEGE SCIENCE OLYMPIAD - NO SUBSTITUTIONS OR EXCEPTIONS**

**PLEASE TURN IN AT CHECK-IN ON THE FIRST DAY OF COMPETITION IN ORDER TO PARTICIPATE  
IN THE BLINN COLLEGE SCIENCE OLYMPIAD**