

Student Agreement Form



Event Name: Science Olympiad 2024

Date: Saturday, April 6th, 2024

Time: 8:00 am - 9:30 pm

Please complete all the fields below. This information will be to track your college readiness and communicate with you regarding upcoming ASU events and enrollment information.

Student First Name: _____ Student Middle Name: _____ Student Last Name: _____

Date of Birth (mm/dd/yyyy): _____ Student Email Address: _____

Parent/Guardian Name: _____ Parent Email Address: _____

PARENT PERMISSION

RELEASE, INDEMNITY AND ASSUMPTION OF RISK: As the parent or legal guardian of the Student listed above, I, _____ (print name), grant permission for my Student to participate in the activities related to ASU Educational Outreach and ASU Athletics. This Release, Indemnity and Assumption of Risk Statement covers all events and occurrences associated with the activities, including travel between activities, participation and observation. I also authorize ASU to film, videotape, photograph or otherwise record Student's participation in ASU Outreach activities and to reproduce and use the film, videotape, recordings and Student's name, likeness, voice and brief biographical material in connection with non-commercial promotional activities, materials, or websites related to ASU Outreach. For myself and on behalf of Student, I agree to assume the risk that unexpected events may occur and result in harm, injury or illness to Student, or damage to or loss of property while Student is participating in, observing, or traveling to or from the Activities. I agree not to sue ASU for any harm or damage associated with Student's participation or observation or other items covered in this release if the harm or damage is not due to the negligence or fault of ASU. I also agree to indemnify ASU for all damages or injuries that are the result of my or Student's negligence. I understand that ASU Outreach activities are voluntary and I agree to accept responsibility for Student's personal safety. I consent to the provision of emergency medical treatment for Student to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment. In this agreement, "ASU" means Arizona State University, the Arizona Board of Regents, the State of Arizona and their employees and agents.

Parent or Legal Guardian Signature: _____ Date: _____

Printed Name & Cell Phone Number: _____

Privacy Statement and Release

By participating in this Access ASU program, you agree to ASU's privacy statement. <https://www.asu.edu/privacy/>

Parent/Legal Guardian (Signature) _____ Date (mm/dd/yyyy) _____

Notice of Non-Discrimination In accordance with federal and state law, and ACD 401: Prohibition Against Discrimination, Harassment, and Retaliation, Arizona State University is committed to providing an environment free of discrimination, harassment, or retaliation for the entire university community, including all students, faculty members, staff employees, and guests. ASU expressly prohibits discrimination, harassment, and retaliation by employees, students, contractors, or agents of the university based on any protected status: race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity, and genetic information.

Texting and Communications

ASU may send text messages to the cell phone number listed in contact cards completed during programs. Standard charges may apply.