



BAY AREA REGIONAL SCIENCE OLYMPIAD

PARENTAL RELEASE FORM

Student's Name _____

Grade _____

School _____

I/We, _____, parent(s) or legal guardian(s) of the above-mentioned student, hereby give permission for my son/daughter to participate in "Bay Area Regional Elementary Science Olympiad" events (hereafter referred to as "Science Olympiad") at Canyon Middle School on Saturday, May 9, 2026.

RELEASE (Read Carefully)

I/We hereby authorize my son/daughter to engage with Science Olympiad coaches and assistants and participate in "Science Olympiad" activities.

In consideration of the acceptance of my son/daughter's voluntary participation in "Science Olympiad", I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against Science Olympiad coaches and volunteers, as a result of my son/daughter's participation in the "Science Olympiad" program.

This release is intended to discharge the Castro Valley Science, the Bay Area Regional Science Olympiad, and any Science Olympiad coaches and volunteers from and against any and all liability arising out of or connected in any way with my son/daughter's participation in "Science Olympiad" even though the liability may arise out of negligence or carelessness on the part of persons, agencies, or campuses mentioned above.

It is further understood that accidents and injuries can arise from the program, including (but not limited to): accidents involving use of hand and power tools, use of chemicals and adhesives, and being struck by flying objects or objects being dropped from heights. Knowing those risks exist, nevertheless, I, in my own behalf and on behalf of Student, hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. In addition, I give permission for my son/daughter to receive, if necessary, emergency medical services by authorized personnel, and that any cost incurred as a result of such medical treatment will be solely my financial responsibility.

We hereby authorize Castro Valley Science and/or the Bay Area Science Olympiad teams to use and reproduce photograph/ videotape my child for promotional purposes.

Parent or Legal Guardian's Signature _____ Date _____

Address _____ City _____ Zip _____

Home Phone Number (____) _____ Emergency Phone Number (____) _____

Special Instructions (allergies, special conditions, etc.): _____