

OKLAHOMA STATE UNIVERSITY

Oklahoma State University Science Olympiad Invitational

Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks

I, the undersigned, wish for my Child (hereafter "Child") to participate in the **Oklahoma State University Science Olympiad Invitational** (hereafter "Olympiad"), I hereby am knowingly and voluntarily entering into this Assumption of Risk and Waiver or Liability, as part of my child's participation in activities and courses provided, and agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Olympiad there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Olympiad may involve known and unknown risks and dangers and have elected to allow my Child to take part in the Olympiad. Therefore, I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating, and traveling to or from the Olympiad.

I, on behalf of my Child, hereby release Oklahoma Science Olympiad, Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, the Olympiad Staff, and all other officers, directors, employees, volunteers and agents (hereafter "OSU") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from a Science Olympiad activity/sanctioned event. This agreement is binding on my heirs and assigns.

In the event of an accident or serious illness, I hereby authorize representatives of OSU to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify OSU from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Olympiad.

This RELEASE shall be governed by and construed under the laws of Oklahoma. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Olympiad, shall be brought only in Payne County, Oklahoma.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and are not all inclusive. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this Waiver and I understand and agree to all of the terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY IS A RELEASE OF LIABILITY (INCLUDING BUT NOT LIMITED TO LIABILITY FOR NEGLIGENCE) AND I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

Every Science Olympiad tournament director, state director or official must make this statement below available when holding in-person Science Olympiad workshops, events or tournaments. It applies to all Science Olympiad participants, volunteers, spectators and officials.

“This (venue/school/arena/campus) has put in place preventative measures to prevent and mitigate the spread of coronavirus (COVID-19), however, by attending this Science Olympiad event, you could increase your risk of contracting coronavirus (COVID-19). By entering this (venue/school/arena/campus), you voluntarily assume all risks and hereby release, indemnify, and hold harmless (campus), (venue), (state) Science Olympiad or Science Olympiad, Inc., or any of their respective employees,

agents, successors, and assigns (“Released Parties”) singularly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience, or any other damage of any kind connected to your participation in this Science Olympiad event.”

Each Science Olympiad coach of a team participating in Science Olympiad should be made aware of these requirements and affirm/acknowledge the statement. Science Olympiad coaches will share this form with students, parents or school officials before choosing to participate in any Science Olympiad events.

Signature of Participant (or Guardian)

Date

Printed Name of Participant

Address

Phone Number

Emergency Contact Name

Emergency Contact Number

Science Olympiad Publicity Release

We give permission for use of name and/or picture for print/photo/video/electronic media use (including but not limited to local newspaper, social media, etc.) my child to appear for any wide variety of formats and media for marketing, promotional or educational purposes. ** We cannot guarantee in the process of participation in the Olympiad your image or name will not be shared.

Signature of Participant (or Guardian)

Date

Printed Name of Participant

Address

Phone Number

Emergency Contact Name

Emergency Contact Number