**Assumption of Risk and Release of Liability Agreement**



This form is intended for tournament participants, parents, volunteers, proctors, and guests.



**Assumption of Risk and Release of Liability and Use of Media and Digital Content**

**Assumption of Risk**

I, [UNDERSIGN], understand and acknowledge that my child’s and/or my participation and/or entrance to the event and related areas may involve serious risks, including but not limited to risk of personal injury, death or property damage and acknowledge that he/she is voluntarily participating in this activity and agree to assume any such risks for any injury, death or damage to or loss of personal property arising out of, or in connection with participation in the activity from whatever cause, including any other participants in the activity.

**Release of Liability**

In consideration of my child's and/or my participation in the activity, I, [UNDERSIGN], waive all claims or causes of action against **Bucks County Community College**, Pennsylvania Science Olympiad, and Science Olympiad, Inc. its auxiliary organizations, and the officers, directors, employees, and agents of all of them arising out of his/her participation. In the case he /she is injured, you are authorized to have him/her treated. I realize emergency medical personnel will be called when deemed necessary.

**Medical Release**

I hereby authorize the staff of **Bucks County Community College** and a Local Hospital to provide care that includes routine diagnostic procedures (i.e., x-rays) and medical treatment as necessary to my minor son/daughter.  I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the **Bucks County Community College** Science Olympiad Invitational. If an illness or injury requires more extensive evaluation, I understand that every reasonable attempt will be made to contact me.  However, in the event of an emergency, and if I cannot be reached, I give my consent to the staff at **Bucks County Community College** and a Local Hospital to perform any necessary emergency treatment. As long as the medical or surgical treatment is in accordance with generally accepted medical practices and standards for the particular injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than those listed on the team's medical form held by your team's head coach.

I understand that I am responsible for the cost of treatment. I authorize my insurance company to pay benefits directly to the health care providers. Also, I authorize the disclosure of medical information to the insurance company for the purpose of submitting a claim.

**Use of Media and Digital Content and Release of Liability**

When participants, parents, coach, and/or school personnel provide pictures to event personnel of the **Bucks** Invitational, I, [UNDERSIGN], authorize the **Bucks County Community College**, Pennsylvania Science Olympiad, and Science Olympiad, Inc. to use and reproduce photograph/videotape my child for publicity and promotional purposes.

**I acknowledge that I have read the foregoing information and I am fully aware of the effect of signing this agreement.**

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