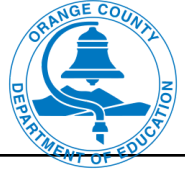




PARENT/GUARDIAN CONSENT, RELEASE AND AUTHORIZATIONS
FOR STUDENT PARTICIPATING IN THE
ORANGE COUNTY REGIONAL SCIENCE OLYMPIAD



DATE: Saturday, February 26, 2022

TIME: 7:00 a.m. – 7:00 p.m.

LOCATION: Virtual Tournament from School or Home

Full Name of Student (Print): _____ **Grade:** _____

School: _____ **District:** _____

Coach's Name: _____ **Coach's Email:** _____

GENERAL RELEASE OF ALL CLAIMS

Participation in this extracurricular activity is voluntary and I hereby agree to assume all risk of any kind of injury or damage received or sustained as a result of my child's participation, including property damage, bodily injury, personal injury or death. By signing below, I hereby completely release and hold harmless and forever discharge the Orange County Regional Science Olympiad Directors, Planning Committee, Orange County Board of Directors, Orange County Superintendent of Schools, and the Southern California Science Olympiad, Inc., and each and every representative, employee, officer, volunteer, and agent of the listed organization, from liability or responsibility for any and all claims, damages, injuries, losses or causes of action that may result from or arise out from participating in the described activities. I also understand and agree that this release shall be binding as against my heirs and assigns.

CONSENT, WAIVER AND AUTHORIZATION

By signing below, I consent to participation of my child in the above-described event/activity, to occur on the date and time as noted above. I further agree that this release and waiver of liability is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion thereof is held invalid, it is agreed that the remaining terms shall continue in full force and effect.

Print Parent/Guardian Name		Parent/Guardian Phone Number During Event/Activity	
Signature of Parent/Guardian	Date	Signature of Student	Date