

# WSO Parent/Guardian Permission Form

Student's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

## **Assumption of Risk**

I understand and acknowledge that my child's/my participation and/or entrance to the workshop and related activities, including but not limited to working with build tools, may involve serious risks, including but not limited to risk of personal injury, death or property damage and acknowledge that he/she/I is/am 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/my ward's/my participation in the activity, I hereby release and agree to hold harmless, and waive all claims or causes of action against, the hosts of workshop, Camas High School, WSO, Science Olympiad, Inc., their respective affiliates and auxiliary organizations, and the officers, directors, members, employees and agents of all of them arising out of his/her/my participation. In the case he/she/I is/am injured, you are authorized to have him/her/me treated. I understand and agree that emergency medical personnel will be called when deemed necessary. My medical insurance will be the primary coverage for my child/my ward/me should he/she/I become injured or sick at any Science Olympiad activity.

## **Photo/Video Release**

When participants, parents, coach, and/or school personnel provide pictures to event personnel of tournaments or other Science Olympiad activities, I authorize the hosts of workshop, Camas High School, WSO, and Science Olympiad, Inc. to use and reproduce photograph/videotape containing images of my child/me for publicity and promotional purposes.

## **Student Personal Information**

I recognize that, in order to facilitate my child's/my virtual participation in activities relating to Science Olympiad, some personal information (including contact information) about my child/me must be collected over the internet, and I authorize Camas High School, WSO and its officers, directors, members, employees and agents to do so.

By signing your name below you are acknowledging all the information above.

Parent/Guardian Signature: \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_ Contact Email: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_