

ASSUMPTION OF RISK AND RELEASE FROM LIABILITY

INDIANA SCIENCE OLYMPIAD STATE TOURNAMENT

I, _____ INTEND TO PARTICIPATE IN THE INDIANA SCIENCE OLYMPIAD STATE TOURNAMENT AT INDIANA UNIVERSITY BLOOMINGTON. I UNDERSTAND THAT CERTAIN RISKS ARE INHERENT IN SUCH ACTIVITY AND I FULLY ACCEPT THESE RISKS. THESE RISKS MAY INCLUDE BUT ARE NOT LIMITED TO THOSE NORMALLY ASSOCIATED WITH SIMILAR TRAVEL SUCH AS ACCIDENTS, THEFTS, INJURY AND DEATH.

I FULLY UNDERSTAND THE ABOVE RISKS INVOLVED IN THIS ACTIVITY AND IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE, I HEREBY AGREE TO ASSUME THE RISKS OF PARTICIPATING. I ALSO AGREE AND UNDERSTAND THAT ANY MEDICAL EXPENSES THAT I MIGHT INCUR DUE TO MY INVOLVEMENT IN THIS ACTIVITY WILL BE MY RESPONSIBILITY. FURTHER, I AGREE TO HOLD THE BOARD OF TRUSTEES OF INDIANA UNIVERSITY AND ANY OF ITS EMPLOYEES HARMLESS FROM ANY AND ALL LIABILITY WHICH COULD RESULT FROM THIS ACTIVITY.

PARTICIPANT SIGNATURE _____ DATE _____

PARTICIPANT NAME (PRINT) _____

ADDRESS _____

PHONE _____

IF PARTICIPANT IS UNDER 18 YEARS OLD, THEN HIS/HER PARENTS OR GUARDIAN MUST SIGN BELOW:

PARENT/GUARDIAN SIGNATURE _____

PARENT/GUARDIAN NAME (PRINT) _____

DATE _____