

CYPRESS FALLS INVITATIONAL SCIENCE OLYMPIAD

Year of Tournament: 2025

RECOGNITION AND ASSUMPTION OF RISK AGREEMENT/ PHYSICIAN RELEASE/PHOTO RELEASE FORM

I, the undersigned parent/legal guardian of _____, authorize said child's full participation in Cypress Falls Invitational Science Olympiad, including related program activities. It is my understanding that participation in the activities that make up Cypress Falls Invitational Science Olympiad is not without some inherent risk of injury. As such, in consideration of my child's participation in Cypress Falls Invitational Science Olympiad, I hereby release, waive, discharge, and covenant not to sue the program, Cypress Falls High School, their officers, servants, agents, or employees from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

Complete the information below if your student is participating in any contest:

I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, including transportation, and accept responsibility for the cost.

Print Student's Name: _____

Personal Insurance Company & Policy Number: _____

I agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that I should make sure my child is covered with family insurance in the event of a serious accident.

Parent/Guardian signature: _____ **Date:** _____

I understand that by submitting this form my child's name, picture and name of school may be published on the Internet under the Tournament website and/or in any Science Olympiad printed publications. No addresses will be associated with photos.

Parent/Guardian signature: _____ **Date:** _____

**THIS FORM MUST BE COMPLETED AND SIGNED FOR EVERY STUDENT PARTICIPATING IN
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