

Release of Liabilities

Please Read and Initial/Sign This Release For Each Participant

I understand that myself, my child, student or the person/persons in my legal guardianship will be participating in activities related to education in the fields of science and engineering at Southern Utah University, located at 351 W. University Blvd in Cedar City, Utah 84720. I understand that while the events, activities, facilities and individuals in and related to this event are monitored for the safety and wellness of my participant, there are uncommon and accidental circumstances that can and do arise. I agree that I forwith release all liability, holds, legal ramifications or monetary obligations to Southern Utah University, its faculty, administrators or facilities (____)initial, I also release such liabilities towards Science Olympiad Inc. of Oakbrook Terrace, Illinois (____)initial.

In the unlikely event of an accident, I allow the faculty, volunteers and staff of Southern Utah University to act in a manner beneficial to my participants safety and wellbeing, understanding that full/complete responsibility will be deemed responsibility of my participants team/group with whom they registered for the event.

**I give permission for my participant to engage in these activities(If Participant Is A Minor):*

Participants Name _____

Printed Name _____

Relationship to Participant _____

Signature _____

Date _____

**I release my personal liability(If Participant Is Over 18):*

Printed Name _____

Signature _____

Date _____