Release of Liability/Photo Release
Southern Utah University Regional Science Olympiad Liability and Photo Release

Student Name ___________________________________ School: ________________________________
Parent/Guardian Name _______________________________ Teacher: _____________________________

Event Date
Saturday, March 14, 2020

Release of Liability

I understand that my student's participation in the Southern Utah University (SUU) Regional Science Olympiad, hosted by the SUU Walter Maxwell Gibson College of Science and Engineering and the SUU STEM Center for Teaching and Learning, is optional and assume all risks and hazards incidental to this event. Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and/or operation, if in the opinion of the attending physician, such treatment is necessary.

I do further release, absolve, indemnify, and hold harmless SUU, their officers, employees, agents, instructors, and volunteers, for any injury, illness or other mishap to my child or for any loss of personal property due to theft or damage.

In the event of an emergency, I understand that my student's teacher will be contacted first. The teacher is responsible to contact me.

I have carefully read and understand the contents of the foregoing language, and I specifically intend it to cover participant's participation in the above stated activities.

Parent/Guardian Signature ________________________________________ Date ___________________

Photo Release

Please check one:

☐ I hereby grant permission to Southern Utah University (SUU) allowing for my student's likeness to be videotaped/photographed for the expressed purposes of being part of promotional materials/videos that may be produced by either party. This could include placement on official publications, websites, or public displays without future notice. I also understand that neither I nor my student will be compensated for this intent nor will we seek any type of payment in the future.

☐ I do not grant SUU permission allowing for my student's likeness to be videotaped/photographed.

Parent/Guardian Signature ________________________________________ Date ___________________