

**Release, Photo Waiver, and Authorization for Medical Treatment**

I, participant's parent/legal guardian, \_\_\_\_\_, authorize my child's full participation in the Texas Junior Academy of Science, including related activities. I understand the activities are not without some inherent risk of injury. In consideration of my child's right to participate in this activity I agree to release, waive, discharge, agree not to sue, and agree to hold harmless for any and all purposes Texas Junior Academy of Science, Texas A&M University, The Texas A&M University System or its Board of Regents, and their officers, employees, agents, and volunteers (Releasees) from any and all liabilities, claims, or injuries, including death, that may be sustained while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees, including injuries sustained as a result of the negligence of Releasees. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of Releasees. I further agree to indemnify and hold harmless Releasees for any loss, liability, claim, or injury caused by my child while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees.

I give my permission for my child to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by my child. I agree to indemnify and hold harmless Releasees for any costs incurred to treat my child, even if a Releasee has signed hospital documentation promising to pay for the treatment.

Additionally, your child's name and photograph may be posted on the internet under the OUTREACH website and also used in any publications OUTREACH may have.

Participant's Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

I agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Participant's Signature : \_\_\_\_\_ Date \_\_\_\_\_