Regional Science Bowl
Release, Photo Waiver, and Authorization for Medical Treatment

I, participant’s parent/legal guardian, ____________________________, authorize
my child’s full participation in the Texas A&M University Regional Science Bowl,
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 A&M University Regional Science Bowl, 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: __________________________________________________________

Participant’s School/Team: ______________________________________________________

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 ______________