# RICE UNIVERSITY SCIENCE OLYMPIAD INVITATIONAL PARTICIPATION AGREEMENT AND RELEASE OF LIABILITY (minor)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the parent or legal guardian of , desire for my child to participate in the Science Olympiad Invitational (“Activity”) and, in consideration of him/her being allowed to participate in the Activity, I acknowledge and agree as follows:

I understand that I am responsible for my child’s own transportation to and from the Rice University campus. It is my responsibility to confirm the schedule in advance with the Activity’s organizers.

I am fully informed or otherwise aware of, and fully assume, all risks to person and property in connection with my child’s participation in the Activity, including, but not limited to, property damage and loss, bodily injuries, sickness, disease and death. My child is in sufficient physical and mental health to participate in the Activity and does not have any physical or mental conditions that could affect his/her ability to participate in the Activity. I have medical insurance coverage appropriate for my child’s participation in the Activity and have provided evidence of such insurance coverage and emergency contact information to Rice. Neither Rice nor the Activity shall provide any insurance for my child in connection with his/her participation in the Activity.

I understand that if my child requires medical treatment while participating in the Activity, an attempt will be made to notify me. In the event that I cannot be reached, I consent to such treatment for my child as may be deemed necessary under the circumstances, including, but not limited to, x-ray examinations, surgery and anesthesia.

If my child’s participation in the Activity is at any time deemed detrimental to the Activity or its other participants, as determined by the Activity’s organizers in their sole discretion, I understand that he/she may be expelled from the Activity without Rice or the organizers incurring any liability.

I also grant Rice the irrevocable right to use my child’s image, voice and name in photographs and video and audio recordings of the Activity. I understand that this use includes publication and distribution in printed, electronic and digital media, including, but not limited to, Rice materials and brochures, video and television broadcasts, and website, social media and online communications. I also understand that my child shall not receive any compensation in connection with this release.

# I RELEASE, WAIVE AND DISCHARGE, and COVENANT NOT TO SUE, Rice, its trustees, employees and representatives, from and for any and all claims, actions, suits, damages, losses, liabilities, costs and expenses (including, but not limited to, court costs and attorneys' fees), from any cause whatsoever (including, but not limited to, property damage and loss, bodily injuries, sickness, disease and death), directly or indirectly arising in connection with my child’s participation in the Activity, or use of my child’s image, voice or name by Rice or its employees or independent contractors or the Activity pursuant to the foregoing rights grant, whether or not foreseeable or contributed to by the negligent acts or omissions of Rice or others.

This Agreement constitutes the entire agreement and shall be governed by the laws of the State of Texas. If any provision of this Agreement is held unenforceable, this will not affect any other provision and this Agreement shall be construed as if the unenforceable provision had not been incorporated in this Agreement. I (i) have read and fully understand this Agreement,

(ii) intend that this Agreement be legally binding and enforceable upon me and my family, estate, heirs and legal representatives, and (iii) intend that this Agreement benefit Rice.

*Food allergies, drug allergies, medical conditions, or other special needs (including dietary restrictions):*

IN WITNESS WHEREOF, I have duly executed and delivered this Agreement as of , 2016.

Signature of Parent or Legal Guardian: Printed Name of Parent or Legal Guardian: Parent’s or Legal Guardian’s Address:

Telephone: Date: Medical Insurance Carrier and Policy No.:

(Ver. 11/15)