

South Texas Science Olympiad
ASSUMPTION OF RISK INDEMNIFICATION AGREEMENT

In consideration of the South Texas Science Olympiad, _____ (name of school district) and the students and staff who sponsors South Texas Science Olympiad (name of organization) and its activities, (hereinafter referred to as event), collectively referred to as sponsor, allowing the undersigned, hereinafter referred to as participant, to participate in various endeavors of the event February 21, 2009 (date of event) on the grounds of, and in transit to and from the campus of Texas A&M University-Kingsville and activities incidental thereto, the undersigned hereby agrees to the following:

Participant shall protect, hold harmless and indemnify sponsor against all liabilities, claims, suits or demands for injuries to any person and/or property resulting out of his/her participation in the event, and hereby covenants and agrees, under the terms of this agreement, to defend sponsor by and through counsel of sponsor's choosing. Each participant recognizes and acknowledges that certain risks of harm are inherent in the various activities that constitute the event, and that Texas A&M University-Kingsville and South Texas Science Olympiad cannot control all these risks. Participant assumes all risk and responsibility for any and all damages, including personal injury or death, medical expenses, disability, lost wages, loss of earning capacity and property damage while engaged in event, including acts or omission constituting negligence by _____ (name of school district) and the students and staff who sponsor South Texas Science Olympiad (name of organization) and its activities, collectively referred to as sponsors, except acts or omission arising with the provisions of the Texas Tort Claims Act.

Participant gives consent for any medical treatment that may be required during any activity and absolves Texas A&M University-Kingsville and South Texas Science Olympiad from liability for treatment.

Participants agree to abide by all rules and regulations of South Texas Science Olympiad and Texas A&M University-Kingsville.

Name of Participant	Social Security Number
Signature of Participant	Date
Name of Sponsor	Date
Signature of Sponsor	Date

I, the undersigned parent/legal guardian of _____, authorize said child's full participation in The South Texas Science Olympiad, including related program activities. It is my understanding that participation in the activities that make up The South Texas Science Olympiad is not without risk of injury. As such, in consideration of my child's participation in The South Texas Science Olympiad, I hereby release, waive, discharge, and covenant not to sue the program, Texas A&M University-Kingsville, the officers, servants, agents, or employees from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while in, or upon the premises where the activity is being conducted.

I understand that by submitting this form my child's name, picture and name of school may be published on the internet under the SPECIAL PROGRAMS - SOUTH TEXAS SCIENCE OLYMPIAD website and/or in any SPECIAL PROGRAMS - SOUTH TEXAS SCIENCE OLYMPIAD printed publications. No addresses will be associated with photos.

Parent/Guardian signature:	Date
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