

IPFW Science Olympiad Tournament

February 6, 2010

Waiver, Release And Hold Harmless Agreement

In consideration of permission granted by Purdue University allowing me to participate in _____ IPFW Regional Science Olympiad tournament _____ (the "Activity"), which will occur on __February 6, 2010__, which is sponsored by __Indiana Science Olympiad_____, I (together with my parent or guardian, if I am under the age of eighteen or under a legal disability) represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows:

1. I acknowledge that participating in the Activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or in part by the negligence or other fault of Purdue University, The Trustees of Purdue University, and/or its or their departments, trustees, affiliates, employees, officers, agents or insurers ("Released Parties").

2. I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.

3. I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.

4. I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement. I understand it fully and I execute it voluntarily.

EXECUTED this _____ day of _____, 20_____.

Student Signature

Student's Printed Name

Parent or Guardian Signature (if applicable)

Parent/Guardian Printed Name

Consent for Medical Treatment of a Minor

I, _____, being the parent or legal guardian of _____ grant the following authorization for medical and/or surgical treatment of this minor by a health care professional should the need arise while he/she is attending the research exploration for high school students program, for the time period starting _____ and ending _____.

PLEASE COMPLETE ONE OF THE FOLLOWING:

1. I grant permission to the directors, assistants, or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical or psychological problems. I understand that should a major medical or psychological problem arise, reasonable attempts will be made to notify me by telephone. In the event that I cannot be reached, I give my consent to such medical treatment as deemed necessary, including surgery, x-ray, examinations, and anesthesia to be rendered to said minor by a licensed physician or nurse.

DATE _____ SIGNATURE _____

2. I do not wish medical care of any kind, except in case of an emergency.

DATE _____ SIGNATURE _____

3. I authorize limited medical care as follows: _____

DATE _____ SIGNATURE _____

Medical Information (Please print)

Participant's Name _____

Age _____ Birth date _____ Date of last tetanus toxoid _____

Past health/injuries _____ Present health _____

Allergic Reactions _____ Present medications _____

Other information that would be useful in the event medical treatment is necessary: _____

Contact Information (Please print)

Name _____ Relationship to Minor _____
Address _____ Daytime phone _____
City/State/Zip _____ Evening phone _____

Name _____ Relationship to Minor _____
Address _____ Daytime phone _____
City/State/Zip _____ Evening phone _____

Name _____ Relationship to Minor _____
Address _____ Daytime phone _____
City/State/Zip _____ Evening phone _____

Insurance Information (Please print)

Parents or legal guardians are responsible for the cost of a minor's medical treatment. When available, insurance information will be processed by the health facility performing treatment, otherwise you will be contacted for payment by cash, check or credit card.

Insurance company _____ Address _____
City/State/Zip _____ Relationship to Minor _____
Policy Holder's Name _____ Policy number _____

TALENT CONSENT

I grant permission to the directors, assistants, or other persons associated with Purdue University to use images of me taken throughout the duration of the IPFW Science Olympiad Regional Tournament on ___ February 6, 2010.

I understand that, if used, these images will be employed to promote Purdue University, as well as, current and future Science Olympiad Tournaments.

I give my consent to the conditions that have been stated above.

DATE: _____

Student Name (print): _____

Student Signature: _____

Parent/Guardian Signature: _____