



**RECOGNITION AND WAIVER
OF RISK ASSUMPTION, PHYSICAL LIABILITY,
FINANCIAL LIABILITY, AND PHOTO RELEASE**

Program/Club: NEW ALBANY SCIENCE OLYMPIAD (“Program”)

I, _____, the undersigned parent/legal guardian of
_____, authorize said child’s participation in the activities of
the Program.

LIABILITY RELEASE: It is my understanding that participation in activities is not without some inherent risk of injury. As such, in consideration of my child’s participation in the Program, I hereby release, waive, discharge, and covenant not to sue the Foundation for Academic Excellence or its officers, agents, and volunteers or the School District or its staff from any and all damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

FINANCIAL RELEASE: I will assume any financial responsibility for damages to personal or public property caused by my child. I understand that I will have the right to review the facts and proof of claim.

PHOTO RELEASE: I, the parent/legal guardian of the child named above,

give decline

permission to have my child’s name, grade, picture, and name of school to be published on the website of the Foundation for Academic Excellence and/or that of the Program and/or in the School District’s printed or online publications. This release supersedes the School District’s *Parental Release for Publicity* agreement. Student or Student Family personal or contact information will not be published, released, sold, or shared with any other organization.

By signing below, we, the undersigned, acknowledge and accept the above terms and conditions.

	<i>signature</i>	<i>primary phone</i>	<i>date</i>
Parent/Guardian:	_____	(____)____-_____	____/____/2012
Student:	_____	(____)____-_____	____/____/2012