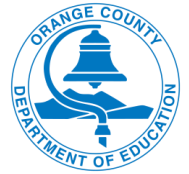




**PARENT/GUARDIAN CONSENT, RELEASE AND AUTHORIZATIONS
FOR STUDENT PARTICIPATING IN THE
ORANGE COUNTY ELEMENTARY
SCIENCE OLYMPIAD**



**DATE: Saturday, May 14, 2016
TIME: 7:00 a.m. – 7:00 p.m.
LOCATION: Jeffery Trail Middle School**

Full Name of Student (Print): _____ **Grade:** _____

School: _____ **District:** _____

Coach's Name: _____ **Coach's Email:** _____

GENERAL RELEASE OF ALL CLAIMS

Participation in this extracurricular activity is voluntary and I hereby agree to assume all risk of any kind of injury or damage received or sustained as a result of my child's participation, including property damage, bodily injury, personal injury or death. By signing below, I hereby completely release and hold harmless and forever discharge the Orange County Regional Science Olympiad Directors, Planning Committee, Orange County Board of Directors, Orange County Superintendent of Schools, and the Southern California Association of Science Specialists, Inc., and each and every representative, employee, officer, volunteer, and agent of the listed organization, from liability or responsibility for any and all claims, damages, injuries, losses or causes of action that may result from or arise out from participating in the described activities. I also understand and agree that this release shall be binding as against my heirs and assigns.

MEDICAL

In the event of illness or injury, I hereby consent to any x-ray, examination, and anesthetic, medical, dental or surgical diagnosis or treatment of my child rendered by a physician, medical or emergency room staff of any hospital, or a dentist. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care deemed advisable by the physician or dentist in the exercise of his/her best judgment. It is understood that the resulting expenses will be my responsibility.

Special Medical Needs: _____

Allergies: _____

Alternate Emergency Contact (Please Print): _____

Phone Number: _____ **Relation to Student:** _____

CONSENT, WAIVER AND AUTHORIZATION

By signing below, I consent to participation of my child in the above-described event/activity, to occur on the date and time as noted above. I further agree that this release and waiver of liability is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion thereof is held invalid, it is agreed that the remaining terms shall continue in full force and effect.

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|-------------------------------------|-------------|---|-------------|
| Print Parent/Guardian Name | | Parent/Guardian Phone Number During Event/Activity | |
| Signature of Parent/Guardian | Date | Signature of Student | Date |
| | | | |