

Los Angeles County Regional Science Olympiad
at
California State University, Los Angeles
PARENTAL RELEASE FORM

Student's Name _____ Grade _____

I/We, _____, parent(s) or legal guardian(s) of the above-mentioned student, hereby give permission for my son/daughter to participate in the "**LA County Regional Science Olympiad**" at California State University, Los Angeles. I understand that the primary objectives of the program are to:

- Excite Students about science.
- Stimulate inventiveness in students.
- Help students succeed in school by learning how to do science first hand.
- Showcase student and school achievement in science.
- To reward students for their excellence in science.

The "**LA County Regional Science Olympiad**" will take place from approximately 7 AM to 7 PM on Saturday, March 15, 2008.

I hereby authorize "**LA County Regional Science Olympiad**" program directors, staff and assistants to engage in the following:

1. To allow my son/daughter to attend and participate in the "**LA County Regional Science Olympiad**" enrichment activity sponsored and coordinated by the Los Angeles County Regional Science Olympiad.

I certify that I have read and understand the above noted provisions established for this program.

RELEASE (Read Carefully)

In consideration of the acceptance of my son/daughter's voluntary participation in the above captioned "**LA County Regional Science Olympiad**", I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the Los Angeles Regional Science Olympiad and California State University, Los Angeles as a result of my son/daughter's participation in the above captioned "**LA County Regional Science Olympiad**".

This release is intended to discharge the Los Angeles Regional Science Olympiad, the State of California, the Trustees of the California State University, the University, their officers, employees, representatives and volunteers, and any other involved municipalities or public agencies from and against any and all liability arising out of or connected in any way with my son/daughter's participation in the "**LA County Regional Science Olympiad**" even though the liability may arise out of negligence or carelessness on the part of persons or Campuses mentioned above.

It is further understood that accidents and injuries can arise out of the "**LA County Regional Science Olympiad**"; knowing those risks exist, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

In addition, I give permission for my son/daughter to receive, if necessary, emergency medical services by authorized personnel, and that any cost incurred as a result of such medical emergency will be solely my responsibility.

Parent or Legal Guardian's Signature Date

Parent or Legal Guardian's Signature Date

Parent or Legal Guardian (Please print)

Parent or Legal Guardian (Please print)

Address

City State Zip

Home Phone Number

Emergency Phone Number

Special Instructions:
