



Bay Area Science League



CONSENT FOR MINOR'S PARTICIPATION in Bay Area Regional Science Olympiad at CSUEB

I hereby give my consent for:

Student's Last Name _____ First Name _____

to participate in the Bay Area Regional Science Olympiad March 11, 2017, at California State University East Bay and all activities and events relating to his/her participation. I understand that transportation to and from these activities is my responsibility. I understand that participation exposes him/her to risk of personal injury, death or property damage and acknowledge that he/she is voluntarily participating in this activity and agree to assume any such risks for any injury, death or damage to or loss of personal property arising out of, or in connection with participation in the activity from whatever cause, including any other participants in the activity.

In consideration of his/her participation in the activity, I waive all claims or causes of action against the State of California, the Trustees of the California State University, California State University East Bay, its auxiliary organizations, and the officers, directors, employees and agents of all of them, arising out of his/her participation. In the case he /she is injured, you are authorized to have him/her treated. I realize emergency medical personnel will be called when deemed necessary.

In consideration of his/her participation in the activity, I waive all claims or causes of action against the Bay Area Science League, California Science League, and National Science Olympiad, its auxiliary organizations, and the officers, directors, employees and agents of all of them, arising out of his/her participation. Our signatures are shown below and we do hereby agree to follow all Science Olympiad rules and accept the interpretations and decision made by the event committee. We hereby authorize the Bay Area Science League to use and reproduce photograph/videotape my child for publicity and promotional purposes.

Student/Participant Signature: _____

Parent/Guardian Name _____ Parent/Guardian Signature _____

Cell () _____ - _____ Work () _____ - _____ Home Phone () _____ - _____

Email _____ Address _____ City/Zip: _____

Emergency Contact/Relationship: _____ Phone #: (____) _____ - _____

Child must have medical insurance. The above-named child has the following insurance, which covers her/him:

Medical Insurance Carrier _____ Policy # _____

Barbara Little, Regional Director
Bay Area Regional Science Olympiad
Bay Area Science League, Director