

LIABILITY RELEASE FORM

SFA Physics Olympics

In consideration of the benefits accruing to _____
(name of student participant) as a result of participating in the Physics Olympics, and having read and understood the Official Rules of the event and with knowledge of the nature of the Olympics activities, I, the parent or guardian of the aforementioned participant (if under 18 years of age) do freely and voluntarily fully release Stephen F. Austin State University, its employees, representatives and/or students individually or severally from any liability in the event that the participant is hurt or injured in any way(s) or damages otherwise during any part of the Olympics activities.

Further, I understand that Stephen F. Austin State University assumes no responsibility nor liability in connection with the Olympics program, personnel, facilities and/or equipment related thereto. Neither will Stephen F. Austin State University be responsible for any act, error, or omission; nor injury, damage or inconvenience sustaining by the aforementioned participant or the neglect of any person engaged in carrying out the purpose of the Olympics. I further agree to waive any and all claims and hold harmless Stephen F. Austin State University from any loss, damage or injury sustained by the participant due to negligence or otherwise during any part of the Olympics program.

I understand that I should and am urged by Stephen F. Austin State University to obtain adequate health and accident insurance to cover any personal injury to _____ (print participants name) which may be sustained during the Physics Olympics program.

Address: _____

AGREED TO AND ACCEPTED BY _____
(parent or guardian, or student that is 18 years or older.)

Copy form as needed.