

**University of Chicago Laboratory Schools
Assumption of Risk, Waiver, and Release of Liability and Agreement**

This Assumption of Risk, Waiver, and Release of Liability is a legal agreement executed in favor of the University of Chicago, University of Chicago Medical Center, its affiliated organizations, trustees, directors, offices, employees and agents. Please read this document carefully before signing.

I, _____, acknowledge that I freely and voluntarily have agreed to allow my minor child/ward, _____ (“Minor”) to participate in The Science Olympiad “Program”) facilitated or organized by the University of Chicago (“School”).

1. General Waiver and Release of Liability

I understand that the Minor’s participation in the Program may involve risks of injury including death. I understand that the Minor’s participation in the Program may involve risk of injury including death. Risks include burns (chemical and due to exposure to fire), and risks as a result from exposure to chemicals, hot water, electronic circuitry, inhalation of chemicals, exposure to biological substances and exposure to devices utilized in the laboratory setting. I hereby release, waive and discharge the School, its affiliates, and their respective trustees, officers, agents and employees from any and all liability, claim, damages and losses arising out of or in connection with the Program, including, without limitation, any loss, damage or injury or death or other circumstances beyond the control of the School, that may be sustained by the Minor or to any property belonging to the Minor while participating in the Program.

Medical Treatment

I understand that the School does not provide health insurance for the Minor. I therefore certify that I or my insurance (including any supplemental health insurance I may elect to purchase as part of the Program) will be responsible for the costs of medical services that might be necessary due to accidents, illnesses or injuries the Minor may face while participating in the Program.

2. Assumption of Risk

I have signed the Waiver and Release in full recognition and appreciation of the dangers, hazards, and risks of the Activities. I recognize that there may be unavoidable and unforeseeable risks involved in the Minor’s participation in any program. I further agree that the Minor’s participation in any activity will be at my or the Minor’s own discretion and judgment. In signing this Release, I acknowledge and represent that I fully understand the content of this Release. I have reviewed it and understand what it means, and that I sign this document freely. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that the School does not require me to participate in this Activity, but I want to do so, despite the possible dangers and risks and despite this Release. I understand that I am responsible for further educating myself on the specific risks of the Activity.

I voluntarily assume the risk of injury or harm to the Minor or the Minor’s property during his/her participation in this Program. I understand that the University of Chicago is not responsible for the acts or omissions of any third party. I understand that I am responsible for further educating myself on the specific risks of the Activity.

3. Knowledge of Risks

I accept responsibility for informing myself of the potential risks associated with the activities involving in the Program.

It is my express intent that this Acceptance of Risk Agreement shall bind the members of my family, my heirs and assigns. This agreement shall be construed in accordance with the laws of the State of Illinois.

I have read and fully understand the above Acceptance of Risk, Waiver and Release of Liability Agreement.

Parent or Guardian (Please print): _____

Signature _____ Date _____