

**Dallas Regional Science Olympiad  
North Lake College**

**RECOGNITION AND ASSUMPTION OF RISK AGREEMENT!  
PHYSICIAN RELEASE/PHOTO RELEASE FORM**

*Please Print Legibly. Please Use Black Ink.*

I, the undersigned parent/legal guardian of \_\_\_\_\_, authorize said child's full participation in Dallas Regional/Texas Science Olympiad, including related program activities. It is my understanding that participation in the activities that make up Dallas Regional Texas Science Olympiad is not without some inherent risk of injury. As such, in consideration of my child's participation in Dallas Regional Texas Science Olympiad, I hereby release, waive, discharge, and covenant not to sue the program, the School of General Studies at The University of Texas at Dallas; The University of Texas at Dallas, the University of Texas System, North Lake Community College, The Dallas Community College District, Dallas County, the State of Texas, their officers, servants, agents, or employees from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, including transportation, and accept responsibility for the cost.

Print Student's Name: \_\_\_\_\_

Personal Insurance Company & Policy Number: \_\_\_\_\_

I understand that by submitting this form my child's name, picture and name of school may be published on the Internet North Lake Community College website and/or in any related printed publications. No individual addresses will be associated with photos.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that a medical insurance policy carried by Texas Science Olympiad, if any, will provide only minimum coverage and that I should make sure my child is covered with family insurance in the event of a serious accident.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND SIGNED FOR EVERY STUDENT PARTICIPATING IN DALLAS REGIONAL SCIENCE OLYMPIAD - NO SUBSTITUTIONS OR EXCEPTIONS. PLEASE TURN IN AT CHECK-IN ON THE FIRST DAY OF COMPETITION IN ORDER TO PARTICIPATE IN THE TEXAS SCIENCE OLYMPIAD**