Texas A&M University-Corpus Christi
Regional Science Olympiad
RECOGNITION AND ASSUMPTION OF RISK AGREEMENT/PHYSICIAN
RELEASE/HO PHOTO RELEASE FORM

I, the undersigned parent/legal guardian of ________________________________,
authorize said child’s full participation in the Texas A&M University-Corpus Christi
Regional Science Olympiad, including related program activities. It is my understanding
that participation in the activities that make up the Texas A&M University-Corpus Christi
Regional Science Olympiad is not without some inherent risk of injury. As such, in
consideration of my child’s participation in the Texas A&M University-Corpus Christi
Regional Science Olympiad, I hereby release, waive, discharge, and covenant not to sue
the program, Texas A&M University-Corpus Christi, the Texas A&M University System,
the State of Texas, their officers, servants, agents or employees from any and all
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 under the Texas A&M University-Corpus Christi
Regional Science Olympiad website and/or in any Texas A&M University-Corpus Christi
printed publications. No addresses will be associated with photos.

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 A&M
University-Corpus Christi, 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.

Parent/Guardian Signature: __________________________ Date: _____________

Student’s Signature: __________________________ Date: _______________

THIS FORM MUST BE COMPLETED AND SIGNED FOR EVERY STUDENT
PARTICIPATING IN THE TEXAS A&M UNIVERSITY-CORPUS CHRISTI
REGIONAL SCIENCE OLYMPIAD – NO EXCEPTIONS!
PLEASE TURN IN AT CHECK-IN ON THE DAY OF COMPETITION IN ORDER TO PARTICIPATE