



MEADOWBROOK MIDDLE SCHOOL SCIENCE OLYMPIAD GENERAL RELEASE OF ALL CLAIMS

In consideration of my participation in the voluntary, extracurricular activity described below, I hereby agree to assume all risk of any kind of injury or damage I may receive or sustain as a result of my participation, including property damage, bodily injury, personal injury or death. Accordingly, by signing below, I hereby completely release and hold harmless and forever discharge the Meadowbrook Middle School Science Olympiad Team, Committee Members and Coaches, Meadowbrook Middle School Educational Foundation Board Members and Agents, The Poway Unified School District, its Board and its officers, agents and employees, from liability or responsibility for any and all claims, damages, injuries, losses or causes of action that may result from or arise out of my participation in the described activities. I also understand and agree that this release shall be binding as against my heirs and assigns.

Field Trip, Voluntary or Extracurricular Activity: **Meadowbrook Science Olympiad Program**

Date: **Duration of the 2017-2018 school year**

Description of Activities:

The 2017 MBMS program will involve middle schools students, parent volunteers and coaches. Participants will engage in a variety of rigorous academic competitions that may involve recall, concept development, process skills and/or specific applications of contents. Program tasks may require that students to utilize equipment, use of laboratory supplies and facilities to conduct experiments and obtain data in Biology, Earth/Space Science, Physical Science, Engineering and Process Skills for a particular event. Students, staff and support personnel will need to move to various locations on and off campus and as designated by coaches for individual event preparations and venues.

Types of Risks Involved with the Activity: **Bodily injury, personal injury or death. Personal Property damage. Personal property loss.**

Participant Name (Please Print): _____

School: _____

Participant Signature: _____ Date: _____

If participant is a student, name and signature of Parent or Legal Guardian is needed:

Name of Parent or Legal Guardian (if under 18 years of age)

Signature of Parent or Legal Guardian Date