ASSUMPTION OF RISK AND RELEASE FORM

PARTICIPATION IN Science Olympiad on February 4, 2017 WILL NOT BE PERMITTED WITHOUT THIS EXECUTED FORM.

My Child plans to participate in Science Olympiad to take place Princeton University on February 4, 2017. I understand that there are risks associated with my child's participation in this event. They have decided to participate in the event and their decision to engage in this activity is completely voluntary. We understand the hazards associated with handling hazardous materials and laboratory equipment involved in this competition. They will abide by all safety instructions, wear the required personal protective equipment at all times, and only conduct the experimental procedures and participate in the competition as authorized. They are competent and knowledgeable in the requisite laboratory and engineering techniques. They are fully aware that their safety is their responsibility.

In consideration of being allowed to participate in Science Olympiad at Princeton University, We agree to fully release, absolve and hold harmless Princeton University, its Trustees, officers, administrators, faculty, staff, and other employees or agents (hereinafter "Princeton") from all liability arising out of claims or actions relating to any accidents, injuries, damages or loss that they may sustain during the Science Olympiad, except for liability arising from any act or omission by Princeton determined by a court of competent jurisdiction to constitute gross negligence.

We further agree not to assert any claims or actions against Princeton for any harm that may occur to me as a result of my participation except where we have a good faith belief that such harm is the result of gross negligence by Princeton.

We hereby grant the Princeton University Science Olympiad, its affiliates, exhibitors and sponsoring schools the full and unrestricted right the use of my child's picture, voice or other likeness in Princeton Science Olympiad's publicity activities and coaches' "training."

I am freely and voluntarily executing this Assumption of Risk and Release and I have fully and completely read its contents. By signing this document, I certify that I am at least 18 years of age and agree to this document.

| In witness thereof, I have caused this release to be executed this | | _ day of |
|--|-------|----------|
| Month | YEAR. | |
| Print Parent/Guardian Name: | | |
| Parent/Guardian Signature: | | |
| Date: | | |