



Delaware State University
Waiver/Release Agreement

School Name _____
Science Olympiad Team # _____

I _____ (Name of Student) in consideration of being permitted to participate and/or receive instruction in the Delaware Science Olympiad Tournaments (Name of "Camp" or "Activity"), hereby voluntarily release Delaware State University and Delaware Science Olympiad Inc from any and all liability resulting from or arising out of my participation and/or receipt of instruction in the activity.

I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agents, volunteers and employees of those entities.

I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction in the Activity, except for the acts or omissions of Delaware State University, its officers, directors agents or employees which are found to be negligent by a court of competent jurisdiction.

I understand and agree that this Waiver/Release applies to personal injury, property damage, or wrongful death which I may suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Waiver/Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction in the Activity.

I understand and agree that this Waiver/Release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children and any guardian ad litem for said children.

I understand and agree that by signing this Waiver/Release, I am agreeing to release, indemnify and hold Delaware State University, its officers, agent's employees or Board of Trustees harmless from any and all liability or costs, including attorney's fees, associated with or arising from my participation and/or receipt of instruction in the Activity. I further agree to do the same for Delaware Science Olympiad Inc.

I understand and agree that if I am signing this Waiver/Release on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document of my own behalf.

I acknowledge that I have read this Waiver/Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction in the Activity.

Dated: _____ 20____ Print Student Name: _____

Sign Student Name: _____

Parent/Guardian Release:
I am the parent or legal guardian of the minor _____ and I am signing this Waiver/Release on behalf of said minor.
Print name of Parent: _____
Signature of Parent: _____ Date: _____