



RELEASE and WAIVER of LIABILITY
Please Read Carefully

Date _____

I hereby grant permission for _____ [Participant's/Student's FULL NAME] to participate in _____ [EVENT] at _____ [HOST SITE] sponsored by the Association for Women in Science (AWIS) on _____ [DATE]. This release and waiver of liability affects any rights you may have if you are injured or otherwise suffer damages while participating.

I understand this activity is optional and on a volunteer basis. This is being provided as a science education learning and community outreach opportunity. Each Participant is responsible for her/his own transportation and her/his own conduct. I understand that all Students participating in this event will be responsible in conduct to the adult supervisor(s) and sponsor(s) at all times. It is further understood that Students are required to go and return from this event on the transportation that has been arranged and agreed upon with their parent or guardian.

I hereby release, waive, discharge, and covenant not to sue AWIS, any of the officers, agents, employees of the above listed entities, partners and hosts for any liability, claim, and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my participating in the above-described activities. I agree to indemnify and hold harmless whether injury is caused by my negligence, the negligence of AWIS, host or the negligence of any third party. I confirm that I have health insurance that covers any medical or financial obligation arising from participating in said activity. I hereby agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of California. By signing this Release and Waiver of Liability, I state that I have read and understood the conditions set forth in this Release and that I agree to all conditions set forth herein, and that I sign this voluntarily.

Authorization to treat a minor:

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the staff to secure proper treatment for my child. I acknowledge that as a condition of my son/daughter participating in the activity, I waive any and all claims against AWIS and any of its associates for injury, accident, illness, or death occurring during or by reason of the participation in said activity.

I (We), the undersigned parent, parents or legal guardian of said minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that effort shall be made to contact the undersigned parent/guardian prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of Section 25.8 of Civil Code of California.

Parent/Guardian Signature _____ Date _____

Allergies _____ Tetanus Booster Date _____

Emergency Contact Name _____ Cell Number _____

Please indicate any existing medical conditions or special needs your student may have along with any medical information if your child does not carry a medical health insurance card.

PLEASE BRING ORIGINAL SIGNED FORM TO BE COLLECTED AT THE EVENT



ASSOCIATION FOR WOMEN IN SCIENCE
Northern California

PHOTO RELEASE FORM

Date _____

I, _____, accept and agree to abide by the operational rules of the Association for Women in Science (AWIS). I understand that when participating in AWIS activities, I may be interviewed and photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials, news releases, web sites and other published formats of AWIS and its partners. I acknowledge that the images will be the sole property of AWIS.

I hereby consent and authorize AWIS, its agencies, legal representatives, successors and assigns, to use and reproduce these photographs, by or for AWIS, alone or in conjunction with other photographs, still or moving, sketches, cartoons, art work, and text matter. AWIS is allowed to circulate the same for the purposes of illustration, advertising, and publication, in any manner and in any medium whatsoever without limitation or reservation. These include but are not limited to use in books, magazines, periodicals, newspapers, brochures, pamphlets, leaflets, all types of printed materials, television, and all other means of public display.

I specifically release AWIS, its agencies, legal representatives, successors, and assigns, of any and all liability of any and every nature arising out of the above-mentioned use of these photographs on behalf of myself, my agents, legal representatives, successors, and assigns.

I understand that AWIS is a non-profit 501(c)(3) organization and that use of photographs will be limited to educational, outreach, and non-commercial purposes. No other oral or written representations or promises have been made to me. I represent that I am under the age of twenty-one years and that I have read the foregoing and completely understand the contents thereof.

Student/Minor

Minor's Printed Name: _____

Signed: _____

Parent/Guardian

I am the legal guardian of the aforementioned student. I have also read and understood the conditions in which the student is taking part in AWIS activities.

Printed Name: _____

Signed: _____

Relationship to Minor: _____

Adult

I am an adult over the age of 18. I have read and agreed to this release for participation.

Printed Name: _____

Signed: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____