

Carnegie Mellon University

The Carnegie Mellon University Science Olympiad C Division Invitational

Participant Name _____

Introduction. I want my minor son/daughter to participate in the Carnegie Mellon University Science Olympiad C Division Invitational at Carnegie Mellon University (“CMU”).

Medical Treatment Authorization. If my minor son/daughter requires emergency medical treatment, in CMU’s sole discretion, while participating in the Event, I authorize CMU to secure such treatment and I agree to be financially responsible for any resulting bills.

Release of Liability and Promise Not to Sue. In consideration of the opportunity for my son/daughter participate in the Event, I hereby, on behalf of myself and my son/daughter and those acting on our behalf, irrevocably and unconditionally release, waive, and promise not to sue CMU and/or anyone acting on behalf of CMU, from and for any and all liability for injuries, damages, claims, demands, actions and causes of action, arising from or connected with my son/daughter’s participation in the Event, including transportation related to the Event and the securing of or failure to secure medical treatment.

The laws of Pennsylvania shall apply to this document. If any of its provisions are declared illegal, unenforceable, or ineffective, they shall be deemed severable, and all other provisions shall remain valid and binding. I am the parent/guardian of the minor named above. I am signing this document voluntarily, having read and understood it and intending to be legally bound by it.

Parent/Guardian Signature

Date

Print Parent/Guardian Name

Photo/AV Permission: I give permission for CMU (or someone acting on CMU’s behalf) to take photos and/or make audiovisual recordings of my son/daughter in connection with the Event and to use the resulting recordings for educational and promotional purposes in print publications and on the Internet.

Parent/Guardian Signature

Date

Emergency Contacts

Parent/Guardian Name
Cell Phone: _____
Email: _____

Other Emergency Contact Name
Cell Phone: _____
Email: _____

Relationship to Participant

People Authorized to Pick up Participant

Name(s) of people authorized to pick up participant: _____

Medical Information

Does Participant have any allergies? Please list: _____

Does Participant have any medical conditions that should be noted? Please identify and explain:

**CMU Contact for the Carnegie Mellon University Science Olympiad C Division
Invitational:**

*Sarah Yu
3699, 4614 Fifth Ave, Pittsburgh, PA 15213
(917) 828-7080
sayu@andrew.cmu.edu*