

University of Southern California

**Parental/Legal Guardian Consent and Release for Minors Visiting Potentially Hazardous Work Areas**

I understand that

\_\_\_\_\_ *(Print) Name of minor child ("Child")*

\_\_\_\_\_ *Date of Birth*

will be participating in laboratory experiments at the University of Southern California and will be working in areas where hazardous chemical or other substances may be present (the "Activity").

As the parent/guardian, I am aware of and accept the potential risks and dangers of my Child entering hazardous work areas, and hereby give my consent for him/her to enter and/or work within the hazardous work areas provided that he/she is:

- Under the supervision of a responsible university student supervisor member who is trained and knowledgeable of the area's potential hazards.

Rita Barakat, USC Dornsife

(925) 984-8807

Xiaojun Zhang, USC Dornsife

(213) 740-4109

\_\_\_\_\_ *University student supervisor*

\_\_\_\_\_ *Phone*

For and in consideration of the University of Southern California permitting Child to participate in the Activity, I, Child, and his/her parents, assignees, heirs, guardians, and legal representatives hereby voluntarily indemnify, release from liability, agree to defend and hold harmless the University of Southern California and its officers, trustees, employees, agents, representatives, and any department, organization or group affiliated therewith (collectively "USC") for any accident, injury, illness, death, loss, damage to person or property, or other consequences suffered by Child arising or resulting directly or indirectly from Child's participation in the Activity, including as a result of USC's negligence, if any. In the event that Child is injured, I agree to assume any financial obligation, either through Child's health insurance, or through some other means, for any medical costs which Child incurs. USC assumes no responsibility for any medical expenses, injury, or damage suffered by Child in connection with the Activity.

BY SIGNING BELOW, IT IS THE INTENTION OF CHILD AND HIS/HER PARENT OR LEGAL GUARDIAN TO EXPRESSLY ASSUME ALL RISK OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE UPON HIS OR HERSELF, TO THE EXCLUSION OF USC, AND TO EXEMPT AND RELIEVE USC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH.

I further agree that Child, his/her parents, assignees, heirs, guardians, and legal representatives will not make any claim against, sue or attach the property of USC for any loss or damage resulting from Child's participation in the Activity. **I am aware of the potential dangers incidental to engaging in the Activity, that this is a release of liability, a waiver of Child's legal right to collect damages in the event of injury, death or property damage, and a contract between Child and USC, and I sign it of my own free will.**

\_\_\_\_\_ *Print Name of Parent/Legal Guardian*

\_\_\_\_\_ *Parent/Legal Guardian Signature*

\_\_\_\_\_ *Date*

## Medical Authorization; Information & Insurance

The parent(s) or legal guardian(s) represent that basic health/medical insurance is maintained for the Participant, and that such insurance is current and in effect, and will remain in effect during the Program. The parent(s) or legal guardian(s) agree(s) to inform [national2026@socalscioly.org](mailto:national2026@socalscioly.org) of any change in insurance carrier and/or policy number. The parent(s) or legal guardian(s) understand(s) that failure to maintain health insurance may result in the Participant's suspension or dismissal from the Program.

The parent(s) or legal guardian(s) of the Participant also give their consent to the University of Southern California and officers, trustees, employees, faculty, insurers, volunteers and agents (collectively, "USC") to authorize medical treatment for the aforementioned child if such treatment should be desirable or necessary during the course of the Program. In case of illness or injury to the Participant, the parent(s) or legal guardian(s) authorize(s) USC and/or the Program to take the Participant to the hospital, urgent care center, or other health care provider, and the parent(s) or legal guardian(s) consent(s) to any x-ray examination, anesthetic, surgical or other medical treatment rendered by a physician, nurse, or other health care practitioner or emergency services provider. The parent(s) or legal guardian(s) understand(s) and acknowledge(s) that this authorization is given in advance of any specific injury or illness. The parent(s) or legal guardian(s) acknowledge(s), however, that they, and not USC, will be solely responsible for the cost of such treatment, or any other medical treatment for the Participant.

Participants' medicines may be distributed by program staff, under the following conditions:

- The participant's family provides the medicine in its original pharmacy container labeled with the participant's name, medicine name, dosage and timing of consumption. Over-the-counter medications must be provided in their manufacturers' container.
- Staff shall keep the medicine in a secure location, and at the appropriate time for distribution shall meet with the participant.
- The staff member shall allow the participant to self-administer the appropriate dose as shown on the container.
- Any medicine which the participant cannot self-administer, must be stored and administered by a licensed healthcare professional associated with the campus or, if no one is available, arrangements must be made with another health care professional in advance of the participant's arrival. The event coordinator should consult with the location's health service and the Office of Affirmative Action ADA Coordinator to discuss reasonable accommodations in the above situation.
- Personal "epi" pens and inhalers may be carried by the participant during activities.

The parent(s) or legal guardian(s) of the Participant also give their consent for the Participant to receive services provided by a mental health treatment or counseling services provider. The parent(s) or legal guardian(s) of the Participant acknowledge that that information provided by the Participant during counseling will be held in confidence to the maximum extent allowed by law with the exception of situations that may be harmful to the health and safety of others, including: 1) When there is a reasonable suspicion of abuse/neglect, past or present, of a child under the age of 18 years. 2) When there is a reasonable suspicion of the abuse/neglect of elders or dependent adults. 3) When there is disclosure of suicidal/homicidal ideation or intent of harm to self or others.

**Personal/Medication Information** (please print) **Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Food/Drug Allergies:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Name of Licensed Prescriber:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_

**Instructions (route, frequency, duration, take with food, etc.):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Quantity Received:** \_\_\_\_\_

**Special Storage Instructions:** \_\_\_\_\_

\_\_\_\_\_

### Authorization for Medical Care

I hereby authorize the program staff to administer my child the above-listed medication. I understand that medication, whether over-the-counter or prescription, should be kept in original containers. Prescription medication containers should bear the pharmacy label, date of filling, pharmacy name and address, patient name, name of prescribing practitioner, name of prescribed medication, directions for use and cautionary statements, as originally appeared on the container. When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

By signing this form I hereby acknowledge that all information is accurate and current, that all pertinent and important medication information is listed on this form, and to the best of my knowledge, my child is capable of participating safely in the program. I acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this program. I agree to notify the program of any changes in the above information in a timely and reasonable manner.

I hold harmless and agree to indemnify the program and the University of Southern California, as well as the Board of Regents, from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment.

**Signature of Parent or Guardian:** \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_

## Parent/Guardian Consent & Release

The undersigned parent(s) or legal guardian(s) of \_\_\_\_\_ (Name of Participant) hereby, give(s) permission for their child to participate ("Participant") in the 2026 Science Olympiad National Tournament at the University of Southern California ("USC").

The Participant's parent(s) or legal guardian(s) expressly understand(s) and agree(s) that the Program presents risks to Participant and/or her/his property. These risks can include, among others (by way of example and without limitation): disease risks; injury to the muscular, skeletal or nervous systems; injury to internal organs; scratches, bruises, contusions; loss or damage to sight, teeth or hearing; paralysis; concussions; brain damage; other serious injury; and/or death. Participant's parent(s) or legal guardian(s) is/are responsible for researching and evaluating the risks he/she may face and is responsible for his/her actions. Any activities that Participant may take part in, whether as a component of the Program or separate from it, will be considered to have been undertaken with Participant's parent(s)' or legal guardian(s)' approval and understanding of any and all risks involved.

To the fullest extent provided by law, the parent(s) or legal guardian(s) agree(s) to defend, indemnify and hold USC, the Program, its officers, trustees, employees, insurers, volunteers and agents harmless from any and all claims, damages, or liabilities of any kind arising from the Participant's or their conduct related to any and all Program-related activities. This indemnification also includes, but is not limited to, any injury, illness, death, or any loss or damage to personal property including reasonable attorneys' fees and/or any other associated costs, from any action, claim, or demand or other consequences arising or resulting directly or indirectly from participation in the Program, including but not limited to claims arising from or related to USC's negligence.

The parent(s) or legal guardian(s) agrees that USC assumes no responsibility for any injury or damage arising out of, or in part caused by, participation in the Program, either while in transit to or from or at the activity locations including but not limited to claims arising from or related to USC's negligence. They further agree that they, their spouses, assignees, heirs, guardians, and legal representatives hereby voluntarily indemnify, release from liability, agree to defend and hold harmless USC for any accident, injury, illness, death, loss, theft, damage to person or property

By signing this Consent and Release Form, the parent(s) or legal guardian(s) waive their right to bring any legal action now or at any time in the future to recover compensation or obtain any other remedy for any injury or illness to person or property or for death, however caused, arising out of participation in the Program. They further agree that they, their spouses, assignees, heirs, guardians, and legal representatives will not make any claim against, sue or attach the property of USC for any loss or damage resulting from participation in the Program. The parent(s) or legal guardian(s) agree that they are aware of the potential dangers incidental to participation in the Program, that this is a release of liability, a waiver of their legal right to collect damages in the event of injury, death or property damage, and a contract between USC and them, and they sign it of their own free will.

If any provisions of this Consent and Release Form are held invalid or unenforceable, the remainder of the Consent and Release Form shall be construed as if it did not contain the invalid or unenforceable part, and shall be constructed and enforced accordingly. This Consent and Release Form is governed according to the laws of California.

The parent(s) or legal guardian(s) expressly agree that this release is intended to be as broad and inclusive as the State of California will allow and that if any portion is held invalid, they agree that the balance shall, notwithstanding, continue in full legal force and effect.

**Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## Photo and Media Release

**Yes**, I, \_\_\_\_\_, the parent and/or legal guardian of \_\_\_\_\_, the Participant, hereby give **Science Based Academic Tournaments (SciBAT)** and the University of Southern California, the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish my/my child's images, likeness, and recordings in which I/my child may be included in the whole or in part, developed during participation in the Program/Activity and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever. My consent includes, but is not limited to, images, likenesses and recordings that may be deemed to be educational records under the Family Educational Rights and Privacy Act of 1974 ("FERPA"). I understand and agree that my/my child's image, likeness or recording will become part of the University of Southern California's photograph and/or recording file and that it may be distributed to other organizations or individuals for use in any publications, media, or technology now known of or hereafter developed in the future for any lawful purpose whatsoever without further permission from me. I also understand that I will receive no compensation in connection with the use of my/my child's image. I hereby waive the right to inspect or approve my/my child's image, likeness or recording or any finished material that incorporates such. I further release, discharge, and agree to waive the University of Southern California, as well as their licensees, successors, legal representatives and assignees, from any liability for violation of any personal or proprietary right that I may have in conjunction with said images, likenesses and images and with the use thereof. I further acknowledge and agree that **Science Based Academic Tournaments (SciBAT)** and the University of Southern California and its members, their officers, agents, and employees shall not be responsible for any of such image, likeness or recording by any third party accessing it through the internet or any other means.

**No**, I do not grant permission for my/my child's image, likeness or recording to be used in any form, unless necessary for the administration of the program in which my child is participating.

**Date:** \_\_\_/\_\_\_/\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_



WAIVER AND RELEASE OF LIABILITY

This release is in consideration of my being permitted to participate in the 2026 SONT organized by SciBAT, Science Olympiad, and USC (the "Event").

I recognize there are risks of injury, sickness, loss and other costs and expenses associated with participating in the Event. I hereby agree to assume all risks that may occur as a result of participating in the Event.

I, my spouse (if any), assignees, heirs, guardians, and legal representatives hereby voluntarily indemnify, release from liability, agree to defend and hold harmless the University of Southern California and its officers, trustees, employees, agents, representatives, student groups, students and any school, department, organization, group or individual affiliated therewith (collectively, the "Releasees"), for any accident, injury, illness, death, loss, theft, damage to person or property, or other consequences suffered by me arising or resulting directly or indirectly from my participation in the Event, including but not limited to claims arising from or related to the Releasees' negligence. In the event that I am injured, I agree to assume any financial obligation, either through my health insurance, or through some other means, for any medical costs that I incur. The Releasees assume no responsibility for any medical expenses, injury, or damage suffered by me in connection with my participation in the Event.

IT IS MY INTENTION BY SIGNING THIS AGREEMENT TO EXPRESSLY ASSUME ALL RISK OF SUCH PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE UPON MYSELF, TO THE EXCLUSION OF THE RELEASEES, AND TO EXEMPT AND RELIEVE THE RELEASEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, INCLUDING IF CAUSED BY THE RELEASEES' NEGLIGENCE.

By signing this agreement, I waive my right to bring any legal action now or at any time in the future to recover compensation or obtain any other remedy for any injury to myself or my property or for my death, however caused, arising out of my participation in the Event. I further agree that I, my spouse (if any), assignees, heirs, guardians, and legal representatives will not make any claim against, sue or attach the property of the Releasees for any loss or damage resulting from my participation in the Event. I am aware of the potential dangers incidental to participation in the Event, that this is a release of liability, a waiver of my legal right to collect damages in the event of injury, death or property damage, and a contract between me and the Releasees, and I sign it of my own free will.

I expressly agree that this release is intended to be as broad and inclusive as the State of California will allow and that if any portion is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Please PRINT name here: \_\_\_\_\_

IF PERSON SIGNING RELEASE IS UNDER EIGHTEEN, PARENT/GUARDIAN SIGNATURE IS REQUIRED BELOW:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_