

NCSO Consent Form – Lenoir 2020

School Name: _____

Student Name (First and Last): _____

Parent/Guardian's Name(s) Please list all guardians

Parent/Guardian Contact Numbers - list all that apply

Photo Consent - **choose one**

_____ I give permission for photographs, video, and digital images of my child to be used without compensation by Lenoir County Public Schools, North Carolina Science Olympiad, and North Carolina State University in Raleigh for Web pages, advertising and/or promotional purposes. By signing below, I am expressly releasing Lenoir County Public Schools, North Carolina Science Olympiad, and North Carolina State University, its agents, employees, licensees and assignees from any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such photographs and digital images.

_____ I do not give permission for photographs, video, and digital images of my child to be used.

In consideration for being allowed by NC State to participate in the NC Science Olympiad program (hereinafter “Program”) the undersigned custodial parent/guardian hereby agrees as follows:

Read and initial each line

_____ I do hereby affirm and acknowledge that my child is participating in the Program for his/her own personal benefit, and have been fully informed of the inherent hazards and risk to them associated with this activity including property damage, falls, contact with other participants, motor vehicle accidents, sprains, and other personal injuries. I accept and assume responsibility for all risks, known and unknown, involved to my child and their property in the aforementioned activity, and I voluntarily authorize my child’s participation in reliance upon my own judgment and knowledge of my child’s experience and capabilities.

_____ I understand that the determination of my child's ability to participate in the Program should be made by my child's physician if necessary. I understand that I need the approval of a physician if I am uncertain as to his/her physical fitness for the rigors of this Program. I understand that I may be required to seek approval from a physician if there is a health or safety question relative to my child's condition before being allowed to participate in the Program. In addition, I give permission to any doctor, hospital, or other medical facility to release confidentially to the treating physician(s) for my child any information they may have concerning his/her medical condition and their professional contact with him/her for treatment purposes. I hereby grant my permission for such diagnostic, therapeutic, and operative procedures as deemed necessary for my child. A photocopy of this permission is to be considered valid as the original. I further understand that treatment for any medical problems my child may suffer is my responsibility and will be paid by me and/or covered by my insurance.

_____ I shall indemnify and hold harmless NC State, Lenoir County Public Schools, its trustees, officers, employees and agents from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorney's fees, arising from or proximately caused by my child's participation in this Program, including any travel. I further agree to accept and assume for myself, my assigns, executors, and heirs any and all such risks and losses that may occur.

_____ I have read the Program's rules and regulations (found here: www.sciencenc.com) and hereby accept the regulations of the Program described therein. I understand that the Program has the authority to establish and enforce other regulations in addition to these.

_____ I understand that if a team member or members or persons associated with a team commit(s) an act of vandalism, the team will be disqualified from the competition and will receive no points. No member of that team will be awarded a medal in any event. An individual who commits an act of vandalism will be barred from future competitions. The team will be financially responsible for any damages caused to a tournament site by acts of vandalism.

By signing your name below, you are signing saying:

"I have reviewed this information. I understand that my child is responsible for the guidelines and expectations established above."

Student Signature:

Parent Signature:
