



**SATURDAY BIOMEDICAL SCIENCE ACADEMY  
FOR**

**4<sup>TH</sup>-6<sup>TH</sup> GRADE STUDENTS**

**PARTICIPATION AGREEMENT AND  
RELEASE OF LIABILITY**

I, \_\_\_\_\_, the parent of \_\_\_\_\_,  
wish for my child to participate in the UTMB Saturday Biomedical Science Academy.

The dates of the Science Academy sessions are: *March 28, April 4, April 25, May 2 and May 16*. I understand it is my responsibility to confirm the final schedule in advance with the Program's organizers. During my child's participation in the Program, my child will engage in activities that include hands-on science experiments.

I am fully informed or otherwise aware of, and fully assume, all risks to person and property in connection with my child's participation in the Program, including, but not limited to, property damage and loss, bodily injuries, sickness, disease and death. My child is in sufficient physical and mental health to participate in the Program and does not have any physical or mental conditions, which could affect my child's ability to participate. I have medical insurance coverage appropriate for my child's participation in the Program and have provided evidence of such insurance coverage and emergency contact information to UTMB. UTMB shall not provide any insurance for my child in connection with his/her participation in the Program.

I understand that if my child requires medical treatment while participating in the Program, an attempt will be made to notify me. In the event that I cannot be reached, I consent to such treatment for the child as may be deemed necessary under the circumstances, including, but not limited to, x-ray examinations, surgery and anesthesia.

If my child's participation in the Program is at any time deemed detrimental to the Program or its other participants, as determined by the Program's organizers in their sole discretion, I understand that he/she may be expelled from the Program without UTMB or the organizers incurring any liability.

**In return for my child's participation in the Program, I fully and forever RELEASE, WAIVE AND DISCHARGE, and COVENANT NOT TO SUE, UTMB (including, but not limited to, its trustees, employees and representatives), from and for any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses (including, but not limited to, court costs and attorneys' fees), from any cause whatsoever (including, but not limited to, travel delays, property damage and loss, bodily injuries, sickness, disease and death), directly or indirectly arising in connection with my child's participation in the Program, whether or not foreseeable or contributed to by the negligent acts or omissions of UTMB or others.**



This agreement may not be changed, and it may not be assigned or transferred. This agreement shall be governed by the laws of the State of Texas. In the event any provision of this agreement is held unenforceable, this will not affect any other provision and this agreement shall be construed as if the unenforceable provision had not been incorporated in this document.

Signature of Parents or Legal Guardians: \_\_\_\_\_  
\_\_\_\_\_

Printed Name of Parents or Guardians: \_\_\_\_\_  
\_\_\_\_\_

Parents' Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone and email: \_\_\_\_\_

Date: \_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_