**SEATTLE UNIVERSITY  
Agreement to Participate in SciTechathon 2023  
ASSUMPTION OF RISK & RELEASE**

**Program:** SciTechathon 2023

**Legal Name of Program Participant (“Participant”):**

**Age of Participant:** check which statement applies:

Participant is a **minor** (under 18) and parent/guardian must sign the agreement. \_\_\_\_\_

Participant is an **adult** (18 or over) and will sign the agreement themself. \_\_\_\_\_\_

**AUTHORITY AND CONSENT:**

By signing below, the Participant, or the Participant’s parent or legal guardian, acknowledges and understands that they are consenting to participation in the above-referenced Program or, if they are signing on behalf of a minor Participant, that they are giving consent for the minor Participant to participate in the Program. The undersigned understands and agrees that participation in the Program is voluntary, and that as a condition of participation, the Participant shall comply with all Seattle University requirements.

**UNDERSTANDING OF RISKS:**

While participating in the Program, Participants will be on and around the SU campus, which is located at Broadway and Madison and is in an urban setting that is generally open to the public. There are inherent risks to Participants and their property while being on an urban campus and in the greater Seattle geographical area. These can include, among other risks: unfamiliarity with different food, surroundings, or safety practices; injury or damage commonly associated with travel by van or car; intentional and negligent acts by other Program participants, facilitators, staff, instructors, or others; loss or destruction of property; injury or damage resulting from falls, fire, or recreational activity; and/or criminal activity that can occur in an urban setting. In addition, Participants may be exposed to COVID-19, and language, pictures, opinions, and/or behaviors that are not present in secondary school settings and that many parents would consider unacceptable.

Additionally, I understand that the Program will involve organized educational and social activities. Some of these activities involve conducting and/or observing scientific experiments, some of which involve sophisticated, advanced equipment and techniques that could cause injury to the Participant. I understand the importance of the Participant following the instructions of Program personnel in these experiments for the safety of the Participant and others and (if Participant is a minor), I have discussed the importance of following instructions with Participant.

**HEALTH CONDITION & ELIGIBILITY**  
Understanding the risks inherent in participating in the Program, the undersigned certifies that they are, or the minor Participant on whose behalf they are signing is, physically, mentally, and emotionally fit to participate in the Program and the undersigned has informed University staff or personnel of any medical conditions or medications about which emergency medical personnel should be informed. If the Participant has any health or medical conditions or is taking any prescription medications that the University should be aware of, please list them below.

In addition, if a Participant requires accommodation for a disability, the undersigned understands that it is their obligation to provide the University with at least two weeks’ notice of the need for an accommodation.

List of health or medical conditions or prescription medications:

**INSURANCE COVERAGE**  
The undersigned represents and warrants that Participant is covered by a policy of comprehensive health and accident insurance which provides coverage for injuries or illness that Participant may sustain as part of or during participation in the Program or (if applicable) overnight stay.

**RESPONSIBILITY FOR PERSONAL PROPERTY**  
The undersigned understands that Seattle University assumes no liability for any personal property—including clothing items or equipment—or belongings that Participant brings or wears to the University.

**BEHAVIOR; FOLLOW RULES & POLICIES, NO ALCOHOL OR DRUGS**  
The undersigned understands that the Participant is governed by the same policies, expectations, and rules as are students at the University. This includes the expectation that the Participant will act responsibly, treat others with respect, will not engage in any illegal or dangerous activities such as consumption of alcohol or illegal drugs (including marijuana), and will not damage the property of or cause injury to others. I have discussed these expectations with Participant (if they are a minor). If the University determines that Participant has not met behavioral rules or expectations, it has the right to terminate Participant’s participation in the Program without notice. If this occurs and Participant is a minor, I agree to pick up Participant immediately upon notification.

**TRANSPORTATION**  
The undersigned understands that it is their responsibility to transport themself or any minor Participant on whose behalf they are signing to and from the Program.

**AUTHORIZATION TO USE NAME, IMAGE, VOICE, AND/OR LIKENESS**  
The undersigned hereby grants Seattle University the irrevocable, assignable, worldwide right and license to use, alter, and publish the Participant’s image(s), alone or together with other images, sound records, and text, for University publications and for all other purposes reasonably related to the promotion of Seattle University and the Program (including providing copies to news and other media), in any manner and in any medium now known or later developed, without the need for my prior approval. The undersigned gives SU permission to reproduce and use for educational or promotional purposes any and all photographs, videos, movies, or sound recordings taken of themself or any minor Participant on whose behalf they are signing during their participation in the Program. This authorization may be revoked at any time through written notice to Seattle University.

**LIABILITY, RELEASE, AND COVENANT NOT TO SUE**  
In consideration of being permitted to participate in the Program, the undersigned, on behalf of themself and any minor Participant for whom they may be signing, releases, waives, discharges, and covenants not to sue Seattle University (including the Seattle University College of Science & Engineering and the Electrical and Computer Engineering program), and Seattle University’s governing board, trustees, officers, agents, and employees, for any loss, damage, injury, accident, or illness, including COVID-19, that may be sustained by the Participant or by any property belonging to the Participant, whether caused by the negligence or carelessness of Seattle University and/or its agents, employees, or representatives, or by the negligence, carelessness, or willful acts of any other participant in the Program. The undersigned, on behalf of themself and any minor Participant for whom they are signing, individually agrees to indemnify Seattle University, its governing board, and its trustees, officers, employees, representatives, and agents from any financial obligations, property damage, injuries, or liabilities that the Participant may cause while participating in the Program.

**ELECTRONIC SIGNATURE**  
The undersigned agrees that this Agreement may be electronically signed and that any electronic signature appearing on this Agreement is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility.

**GOVERNING LAW AND VENUE**  
This Agreement shall be governed and construed pursuant to the laws of the State of Washington, without regard for conflict of laws rules, and the venue for any dispute arising out of this Agreement shall be in the state and federal courts of King County, Washington.

**SEVERABILITY**  
I agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Washington, and if any portion is held invalid, it is agreed that the balance hereof shall continue in full legal force and effect.

**I have carefully read and understand everything written above, and I voluntarily sign this Agreement, Assumption of Risk, and Release. No representation, statements, or inducements, oral or written, apart from the foregoing statements have been made.**

**Please Print/Sign Clearly:**

Participant’s Name   
Participant’s Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature (if over 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Signature (if Participant is a minor, under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian’s Contact Information:**

Primary phone number: Back up phone:

Email Address:

Street Address: City

State: Zip: