

**Region 8 Science Olympiad  
Permission Slip and Release of Liability  
Wayne State University  
5700 Cass Avenue, Suite 3100  
Detroit, MI 48202  
March 2, 2024**

**Important:** This form must be completed by the Region 8 Science Olympiad’s participant’s parent(s) or legal guardian(s) and must be returned to the Wayne State University in order for your daughter, son, or ward to participate in the program. Completed forms should be submitted at <https://rsvp.wayne.edu/science-olympiad> by no later than March 1, 2024.

Participant First Name: \_\_\_\_\_ Participant Last Name: \_\_\_\_\_

Participant Home Address: \_\_\_\_\_  
(street)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

Participant Home Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current school: \_\_\_\_\_

Grade level (circle current grade):    Sixth                  Seventh                  Eighth                  Ninth                  Tenth  
   Eleventh                  Twelfth

Specify any food allergies or dietary restrictions: \_\_\_\_\_

Participant Email Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

<b>VERY IMPORTANT:</b> Telephone number where you can be reached during the Region 8 Science Olympiad event: _____
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**DISCLAIMER OF LIABILITY**

Wayne State University and its staff do not assume liability for any injuries sustained by the participant in connection with his/her participation in the Region 8 Science Olympiad event (the “Event”), including injuries that occur during transportation to/from or while present at the Event site(s).

In consideration of my child/ward being permitted to participate in the Event and in full recognition and appreciation of the potential dangers and hazards inherent in conducting laboratory experiments and activities to which my child may be exposed, I release and hold harmless Wayne State University and its Board of Governors, employees, agents, and representatives from any liability, claims, demands, causes of actions, losses and damages arising directly or indirectly from the participant’s participation in the event.

I acknowledge that I have reviewed information concerning the nature and activities involved in the program (available online at <https://www.region8so.org/>) and I am aware of the risks involved in participation in the program.

**MEDIA RELEASE**

I agree that WSU may share information, photographs, audio and video about my child’s participation in the Event to promote the work of WSU with the media and in its own publications.

**MEDICAL AUTHORIZATION**

I certify that I am the parent or legal guardian of the child. I also certify that there are no health-related reasons or problems that preclude my child’s participation in the Event. I will have my child’s health insurance card(s) available to WSU in the event that they are needed. Further, I am aware of all of my child’s applicable personal medical needs and have arranged for adequate hospitalization insurance to meet any and all of my child’s needs for payment of hospital costs while participating in the Event. I agree that WSU cannot be, and is not, responsible for attending to any of my or my child’s medical or medication needs, and I assume all risk and responsibility therefore. If my child is required to be hospitalized during this Event, WSU cannot and does not assume any legal responsibility for payment of such costs. In the event of an emergency, I hereby give permission to Wayne State University to secure proper treatment for my child.

**ACCEPTABLE CONDUCT**

I am aware that as a guest of WSU, there is certain behavior that is unacceptable and could lead to disruption of my child’s participation in this Event. I assure WSU that my child will act in an appropriate manner at all relevant times and in full accordance with the behavioral standards set forth in the Student Code of Conduct and all applicable WSU policies. These policies are available on WSU’s website, and hard copies will be made available upon request.

The use and consumption of tobacco products, alcoholic beverages, and illegal drugs are strictly prohibited.

Engaging in unacceptable behavior and/or failure to comply with applicable WSU policies, including, but not limited to, WSU drug and alcohol policies may result in my child’s dismissal from the Event.

**ACKNOWLEDGEMENT OF REVIEW AND VOLUNTARY SIGNATURE**

**I acknowledge that I have read and understand this document and that I am signing this document voluntarily as my own free act and deed. No oral representations, statements or inducements, apart from the foregoing written form, have been made to me.**

**ENTIRE AGREEMENT**

This release contains the entire agreement between WSU and me as to its subject matter. I have carefully read this release, understand its contents and sign this release freely and voluntarily.

\*Wayne State University is committed to protecting minors participating in events on WSU’s campus. If you, as a parent/guardian, have concerns related to the health, safety, or security of your child in connection with the field trip, please contact WSU’s Police Department (313-577-2222), WSU’s Office of Equal Opportunity (313-577-2280), and/or WSU’s Title IX Office (313-577-9999), as appropriate.

**\*SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**\*SIGNATURE OF PARTICIPANT:** \_\_\_\_\_ **DATE** \_\_\_\_\_

WSU would like to send you additional information about college preparation, related events and the admission process.

\_\_\_\_ Yes, send me information.      \_\_\_\_ No, thanks do not send me information.

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