

Statement of Informed Consent, Acknowledgement and Assumption of Risks and Release from Liability, Indemnification

Dear Parent(s) or Legal Guardian(s),

Please review this form to ensure that you understand and accept the terms outlined below. To discuss this agreement or any of its provisions, contact andovermatholympiad@gmail.com. In order to participate in the Math Open At Andover (MOAA), both your child and you must sign this form, regardless of the age of the child.

By signing, you acknowledge that you have read the form and understand its contents, its legal implications, and the activities and possible risks of the MOAA. You also acknowledge that you have chosen to participate in the MOAA, that you are legally bound by your signature on this form, and that scanned and facsimile copies of this form will be treated as originals. For the purposes of this form, "I/my/me" refers to the student and parent(s)/guardian(s) who have signed below.

Acknowledgement of Risks

I acknowledge that I have read and understood the MOAA policies on andovermathopen.com. I understand that participation in the MOAA may involve risks that the MOAA team cannot eliminate entirely. These risks include, without limitation, risks associated with damage to property and physical injuries. I have investigated and assume these risks knowingly and willingly.

It is my responsibility to safeguard my health and my property while at the MOAA, and to obey all instructions from the MOAA team; failing to do so may present risks that Phillips Academy cannot assume responsibility for.

Assumption of Risks and Release from Liability

By signing this agreement, I and my respective heirs, executors, administrators, representatives, successors and assigns, with only those exceptions described below, fully and voluntarily assume all risks associated with participation and agree to release and discharge Phillips Academy, its officers, trustees, faculty, employees, and agents and representatives under the direction or control of Phillips Academy (the "Released Parties") from any and all liability, claims, causes of action, or demands of any kind and any nature whatsoever which may arise by or in conjunction with my participation.

Suitability to Participate in the Program

I have made the MOAA team and Phillips Academy aware of any physical, psychological, or emotional conditions that might reduce or impair my ability, or the abilities of other competitors, to safely participate in the competition. I have made the MOAA team and Phillips Academy aware of any additional arrangements necessary for my participation in the MOAA.

Photo Release

I grant Phillips Academy sole and complete ownership of and permission to use, reproduce, or edit any and all photographs, visual recordings, or audio recordings of myself, taken by or on behalf of Phillips Academy during the MOAA.

Program Modification

Phillips Academy reserves the right to modify or cancel the MOAA before or during its operation. I understand that the MOAA team or Phillips Academy may change arrangements, destinations, or scheduling at their discretion.

Standards of Conduct and Discipline

I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations, the instructions of the MOAA team, and the policies outlined on andovermathopen.com. I promise to become informed of and abide by all such laws, regulations, policies, and standards. I understand that rule violations will be handled at the discretion of Phillips Academy and that any resulting expenses will be paid by my parent(s)/guardian(s).

Signatures:

Printed Name AND Signature of Participating Student

Date

Printed Name AND Signature of Parent or Guardian

Date

Student Information:

Does your child have any medical conditions that the MOAA team should know about?

How old is your child? _____ years old

What grade is your child in? _____ Grade

Please provide your phone number.

Please provide your email address.

What school does your child attend?

What is the name of the team that your child will be on? (leave blank for individual participants)

Are there any additional accommodations that are necessary for your child's participation in the MOAA?