

Liability Release Form

Central NC Math Group Administration

In exchange for the participation in the Central NC Math Group (CNCM) CRMT, organized by the Central NC Math Group Administration, and the use of the property, facilities, and services of Triangle Math and Science Academy (TMSA), hereby agree to the following:

1. **If you are Under 18, you need a Parent/Guardian Signature as well.**
2. **Agreement to Follow Directions.** I agree to observe and obey all posted rules and warnings and further agree to follow any oral instructions or directions given by any CRMT Administrators, Representatives, or Volunteers, or agents of the Central NC Math Group and Triangle Math and Science Academy while at this competition.
3. **Assumption of the Risks and Release.** I recognize that there are certain inherent risks associated with the CRMT and I assume full responsibility for personal injuries, and fully discharge the Central NC Math Group for injury, loss of property, or damage arising out of my competing at the CRMT or usage of the property, facilities and services of Triangle Math and Science Academy, whether caused by the fault of myself or other third parties.
4. **Indemnification.** I agree to indemnify and defend the Central NC Math Group against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my usage of or presence upon the facilities of Triangle Math and Science Academy.
5. **Fees.** I agree to pay for all damages to the facilities of Triangle Math and Science Academy caused by any negligent, reckless, or willful actions by myself.
6. **Applicable Law.** Any legal or equitable claim that may arise from participation in the CRMT shall be resolved under Applicable Law.
7. **Arm's Length Agreement.** This Agreement and each of its terms are the product of an arm's length negotiation between the Parties. In the event any ambiguity is

Release of Liability Form

Central NC Math Group Administration

found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either for or against a particular party based on their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.

8. **Acknowledgement of Health Insurance.** I acknowledge that I have comprehensive health insurance coverage that will be in effect on the day of May 18th, 2019.
9. **No Duress.** I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Document if I so desire. I further agree and acknowledge that Central NC Math Group has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.
10. **Emergency Contact Information.** In case of an emergency, I agree to list my Information below.

Emergency Contact Number: _____ Name/Relationship: _____

Insurance Company: _____ Policy Number: _____

I have read this Document and understand it. I further understand that by signing this release, I voluntarily surrender certain legal rights.

Date: / / 19

Name: _____

Signature: _____

Parent Signature (If Under 18) : _____