

**EMORY MATH CIRCLE**  
**RELEASE OF LIABILITY, COVENANT NOT TO SUE AND ASSUMPTION OF RISK**

Each participant must have a completed and signed release on file in order participate in the math circle. ALL areas besides the optional media release must be completed.

Child's Name (First, MI, Last):	Child's Grade:	Name of Parent / Legal Guardian:
Parent Cell Phone Number: (       )	Parent Home Phone Number: (       )	Parent Email:

I \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_, (hereinafter "Child"), hereby grant the permission necessary to allow Child to participate in the Emory Math Circle to be conducted at Emory University ("Emory") (the "Program"). I understand that Emory does not guarantee the suitability of the Program for Child's participation. I understand that there are inherent risks involved in participating in the Program, and I realize that participation in the Program is my and the Child's choice. I am aware that, during the Program, certain risks and dangers may occur, including, but not limited to, accident or illness; the forces of nature; all manner of foreseen and unforeseen bodily and personal injuries, including death; damage to property; and the consequences resulting therefrom. IN CONSIDERATION OF CHILD BEING PERMITTED TO ATTEND AND PARTICIPATE IN THE PROGRAM, I ACKNOWLEDGE AND VOLUNTARILY ASSUME ALL RISKS ASSOCIATED WITH THE PROGRAM.

I, on my own behalf and on behalf of the Child, our heirs, representatives, executors, administrators and assigns, for the sole consideration of Child being allowed to attend and participate in the Program, do hereby release, relieve, covenant not to sue and forever discharge, defend, indemnify and hold harmless, Emory University, its trustees, officers, agents, employees, students, and volunteers (hereinafter collectively "Emory") of any and from all claims, demands, rights, liabilities, losses, expenses, and causes of action (with the exception of gross negligence or willful misconduct) of whatever kind or nature including, but not limited to, negligence, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from any participation in or in any way connected with or arising out of the Program, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Child may incur or sustain during the Program, all activities associated with the Program and while traveling to and from the site for the Program whether or not the Program actually occurs. I, ON MY OWN BEHALF AND ON BEHALF OF THE CHILD, HEREBY WARRANT THAT I HAVE READ THIS RELEASE OF LIABILITY IN ITS ENTIRETY AND FULLY UNDERSTAND ITS CONTENTS. I, ON MY OWN BEHALF AND ON BEHALF OF THE CHILD, AM AWARE THAT THIS RELEASE OF LIABILITY RELEASES EMORY FROM LIABILITY AND CONTAINS AN ACKNOWLEDGEMENT OF MY VOLUNTARY AND KNOWING ASSUMPTION OF THE RISK OF INJURY OR ILLNESS.

**Medical Release.** I, on my own behalf and on behalf of the Child, acknowledge that the Child is in good health, physically fit and mentally capable of participating in Program activities, and is covered by accident and health insurance, and I hereby give full approval for my child's participation in the Program. In the event of any illness or injury, I authorize Emory to obtain necessary medical treatment of the Child and hereby, on my own behalf and on behalf of the Child, release and hold harmless Emory in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Child for any illness or injury that the Child may sustain during the Program.

Allergies if any: \_\_\_\_\_

I acknowledge that the Child suffers from the following conditions: \_\_\_\_\_

BY SIGNING BELOW, I, ON MY OWN BEHALF AND ON BEHALF OF THE CHILD HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND UNDERSTOOD THE ABOVE BEFORE SIGNING AND AGREE TO COMPLY WITH THE ABOVE PROVISIONS. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT, IF ANY PORTION OF THE RELEASE IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. I expressly agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia without regard to conflict of law principles.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**(Optional) Media Release.** For good and valuable consideration herein acknowledged as received, I on my own behalf and on behalf of the Child, hereby grant to Emory, and those acting with Emory's authority and permission, the irrevocable and unrestricted right and permission to create, use, re-use, publish and re-publish video recordings, audio recordings, photographs, or other media that contain or capture the Child's likeness or voice or in which the Child's likeness or voice may be included (the "Recordings") in connection with any publication or materials relating to or serving the mission and goals of Emory, including advertisements, brochures, or other promotional materials. The Recordings may be used with or without the Child's name, and in any and all media now or hereafter known. I acknowledge and agree that Emory owns all right, title, and interest in and to the Recordings, including all copyrights therein and the full and unrestricted right to edit and modify the Recordings, and I hereby assign and agree to assign any such interest that I may own or control to Emory. I also consent to the use of any printed matter in conjunction with the Recordings. I hereby waive any right I may have to inspect or approve the Recordings or any finished product or products incorporating the Recordings and any written or other print material that may be used in connection therewith, including print material containing the Child's name. I acknowledge that nothing in this Agreement obligates Emory or any third party to make any use of the Recordings.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_