PARENT/GUARDIAN APPROVAL FOR PARTICIPATION

I hereby certify and agree that ________________________________

(PLEASE PRINT: First, Middle, and Last Name of Child)

(hereinafter, “My Child”) has my approval to participate in THE SECRET LIVES OF PLANTS Workshop for Students in Grades 6-8 (hereinafter “the Activity”) to be held on November 23, 2019, at Washington University in St. Louis.

I know the nature of the Activity and My Child’s experience and capabilities and consider My Child to be qualified to participate in the Activity. However, I acknowledge that there are certain risks of physical injury or illness associated with the Activity.

In return for My Child’s participation in the Activity: I fully and forever RELEASE, WAIVE, DISCHARGE, ACQUIT, INDÉMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE, Washington University in St. Louis, including its governing board, officers, employees, students, agents and volunteers (hereinafter collectively referred to as “Releasees”) from any and all liabilities, claims, or injuries, including death, that may be sustained while participating in this activity, including but not limited to travel to, from, and for the activity, or while on premises owned or controlled by Releasees. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of the Releasees. I further agree to indemnify and hold harmless Releasees for any loss, liability, claim or injury caused by me (my child) while participating in this activity including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees.

I recognize that the Releasees do not assume responsibility for or liability for - including costs and attorney’s fees - any accident or injury or damage resulting from any aspect of participation in the Activity. The Releasees are not liable for any special, incidental or consequential damages arising out of or in connection with any aspect of participation in the Activity.

I also give permission for My Child to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by My Child. However, I agree that the Releasees (including, but not limited to, each of the Releasees’ regents, boards, agents, employees, officers or representatives) are not responsible for any medical bill incurred as a result of any personal illness or injury to My Child, even if a Releasee has signed hospital documentation promising to pay for the treatment. That medical bill is my responsibility.

I understand that by signing this document, I give up substantial rights that I or My Child would have otherwise to receiver damages for any loss occasioned by Releasees’ fault, and I sign it voluntarily and without inducement.

THIS IS A WAIVER OF LEGAL RIGHTS.
READ AND UNDERSTAND BEFORE SIGNING.

Signature of Parent/Guardian ________________________________ Date ________________________________

( ) ________________________________ ( )
Parent/Guardian Day and Evening Phone Numbers

Washington University Institute for School Partnership – Fall 2019
THE SECRET LIVES OF PLANTS
Workshop for Students in Grades 6-8

MEDIA RELEASE FORM

I hereby grant permission to the Washington University Institute for School Partnership and Washington University in St. Louis to photograph/video/interview my child, ____________________________, during their participation in the Secret Lives of Plants student workshop program on Saturday, November 23, 2019. It is my understanding that this photograph/video/interview or portions thereof may be used for public view.

I agree to participate in this project without financial remuneration, and I understand that this releases the Washington University’s photographer/ videographer/interviewer from any future claims, as well as from any liability arising from the use of said photograph/video/interview.

Student Name: ________________________________________________________________

Home Address: ________________________________________________________________

City, State, Zip: _________________________________________________________________

_____________________________________________  ____________________________
Signature of Parent/Guardian                      Date