

### Release and Waiver of Liability

I give permission for my child to participate in **HighSchoolHack** being held at **ASMSA** on **May 6<sup>th</sup>, 2023**. I acknowledge and accept that this event may expose my child to hazards and risks, including injury or death, and that the Board of Trustees for the University of Arkansas acting for and on behalf of the Arkansas School for Mathematics, Sciences and Arts ("University") cannot control these risks.

Typical activities during University events may include, but are not limited to, riding as passenger in University vehicles to designated lab and other locations, working in a laboratory setting on campus, and participating in outdoor games and activities.

I understand that University is not responsible for any medical expenses associated with any personal injury my child may sustain and understand that University does not provide medical insurance for me and my child. I certify that my child is covered by adequate insurance to cover any personal injury which he may sustain while participating in this Outreach event.

**In consideration of University providing the opportunity for my child to participate, I release University, its Board of Trustees, officers, employees, and representatives from any and all liability to me and my child, our personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all illness or injury to my child, including death arising out of, during or in any way connected with this Outreach event. I agree to indemnify and hold harmless, waive and covenant not to sue University, its Board of Trustees, officers, employees, and representatives, from liability for the injury or death of any person(s) or damage to property that may result from my child's negligent or intentional act or omission while participating in the Outreach event.**

I hereby authorize the University staff attending this event to act for me according to their best judgment in any emergency requiring medical attention. I authorize and give consent for University to administer general first aid for any minor injuries or illnesses experienced by my child. If my child is in need of emergency medical care and University is not able to reach me or the emergency contact, I authorize University to sign all necessary papers and arrange for emergency treatment and hospital care.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact (if different than parent or guardian): \_\_\_\_\_

Home: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
\_\_\_\_\_

**Student Name:** \_\_\_\_\_