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Release and Consent Form

In accordance that the undersigned shall be participating and attending Concept Schools Science & Engineering Fair, and any related activities and events organized by Concept Schools, the undersigned hereby for himself/herself and for her/his heirs and any legal representatives :

1. Fully and forever releases Concept Schools and all of its past, present, and future officials associated with the aforementioned event, so as to include teachers, directors, officers, trustees, peer- reviewers, judges, employees, attorneys, agents, successors, and assigns from any and all claims and damages of any kind or nature as they may arise from the undersigned's association and involvement with the aforementioned event;
2. Agrees to indemnify Concept Schools against damages, causes of actions, claims, debts, judgment, and associated costs and expenses which may arise from, or by the use of property and facilities used, rented, or owned by Concept Schools in any manner so used by the undersigned;
3. Grants to Concept Schools and its officials the right to possess and reproduce writings, research, photographs, films, and voice recordings, of the undersigned while the aforementioned participants in the event and to use general biographical information of the undersigned submitted to Concept Schools
4. Authorizes Concept Schools and its agents to obtain or provide medical treatment for reasonable and/or emergencies circumstances pertaining to injury, accident, or illness of the undersigned;
5. Consents to following the rules and regulations established for this event by Concept Schools;
6. This release and consent form incorporates the entire agreement between and among the parties as to this subject matter, and shall be binding on the undersigned and undersigned's heirs, administrators, executors, and assigns.

I have read and fully understand the agreement above. I further understand that by signing this Release and Consent Form, I waive important rights.

Signature of Participant: _____ Printed Name: _____

Date: ____/____/____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone :(____) _____ - _____ e-mail: _____@_____

The following must be completed for minors: In regard to services and facilities provided by Concept Schools I, _____, parent and /or guardian of above mentioned participant, a minor, do here by consent to the execution of this Release and Consent Form as well as acknowledge that I will assume all liability and obligations of participant as mentioned in said agreement.

Signature of Parent: _____ Printed Name: _____

Date: ____/____/____
