



Rice University
Research Experience for High School Students
Participation Agreement/Release of Liability/Media Release Consent Form
June 8, 2015 – July 17, 2015

I _____, the parent or legal guardian of _____ (child's name), wish for my child to participate in the Rice University's Research Experience for High School Students to be held on the campus of Rice University (the "Activity").

I commit to bring my child to all scheduled meetings of the Research Experience for High School Students and encourage him/her to be an active participant in the program. I understand that space is limited and full participation is required.

I understand that if my child requires medical treatment while participating in the Activity, and I am not present, an attempt will be made to notify me. In the event that I cannot be reached, I consent to such treatment for my child as may be deemed necessary under the circumstances, including, but not limited to, x-ray examinations, surgery and anesthesia.

I release and hold harmless Rice University, its trustees, employees, students, and representatives from any and all claims, causes of action and liabilities for bodily injury or property damage arising, directly or indirectly, in connection with my child's participation in the Activity.

I also grant Rice University the irrevocable, royalty-free right to use photographic and video images of my child and to make such images available in Rice's publications, promotional materials, and websites. I release, waive, and discharge Rice from any and all demands, claims, causes of action, damages, and liabilities directly or indirectly arising out of or in connection with making, editing, copying, or using such images for the purposes described.

Food allergies, drug allergies, medical conditions, or other special needs (including dietary restrictions):

Signature of Parent or Guardian _____

Printed Name of Parent or Guardian: _____

Emergency Contact Phone Number: _____

Date: _____