STUDENT REGISTRATION & RELEASE FORM

Registration is free. The Avenues of Scientific Discovery event will take place on April 7, 2016, during three hour time blocks at NDSU's main campus. The due date to register for the event is February 29. More information about the event can be found at: http://avenuesofscientific.wix.com/aosd

Student's Name ___________________________________________________________________________________________

School Name ___________________________________________________________________________________________

Grade __________________

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A STUDENT TO BE REGISTERED

The undersigned hereby releases, waives, discharges and covenants not to sue North Dakota State University, its officers, agents, employees, and OTL-AoSD; all of which hereinafter known as "NDSU" from all liability to the undersigned. In consideration of being permitted to participate in: Avenues of Scientific Discovery.

The undersigned, in full recognition and appreciation of the dangers and hazards inherent in the above activity, does hereby agree to assume all the risks and responsibilities surrounding my participation therein, and further, do for myself, my heirs, and personal representatives, hold harmless, release and forever discharge NDSU from and against any and all liability, damages, claims, demands, actions, or causes of actions, on account of damage to personal property or personal injury or death which may result from my participation therein whether caused by the negligence of NDSU or otherwise.

The undersigned hereby assumes full responsibility for, and risk of bodily injury, death or property damage due to the negligence of the releases or otherwise while in, about or upon the premises of NDSU or while participating in the above described event.

IN WITNESS WHEREOF, I have caused this release to be executed this day.

.......................................................... ..........................................................
PARENT/GUARDIAN Signature Printed PARENT/GUARDIAN Name

.......................................................... ..........................................................
DATE PHONE NUMBER

Please indicate if photographs of your child or other reproductions of your child’s likeness may be used in future AoSD materials, including AoSD websites (without names):

......... YES ............ NO

Please returned signed release forms to your instructor/school counselor.