



9005 Two Notch Road Suite 6, Columbia SC 29223
Tel: 803.667.2396 **Tel: 803.851.3838**
P.O. Box 30654 Columbia SC 29230

GENERAL LIABILITY WAIVER AND RELEASE

Liability Statement: I understand that participation in *Unlimited Hands-On Science's (UHS)* interscholastic and other voluntary after school programs includes risk of injury that may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school programs, it is impossible to eliminate the risk.

I/We understand that my child's participation in *UHS* after school programs is voluntary and that my child and I/we are free to choose not to participate. I/we consent to my child's participation in all of *UHS'* activities. I understand that *Unlimited Hands-On Science*, their employees, officers and agents will not be liable for personal injuries and/or property damage as a result of my child's participation in such programs or activities.

I/We, on behalf of myself and my minor child, agree to release, hold harmless and indemnify *Unlimited Hands-On Science* their employees, officers and agents, from any loss, cost, damage and/or expense of any nature, including all attorneys' fees and costs which I or my child may have resulting, either directly or indirectly, from my child's participation in *Unlimited Hands-On Science* voluntary athletic or extracurricular programs or activities.

I/We give permission for our son/daughter to participate in all activities, and do forever release *Unlimited Hands-On Science* and its teachers, staff, volunteers and agents from any and all actions, all known and unknown personal injuries or property damage of said minor arising out of said activities, and also all claims or right of action for damages which said minor has or hereafter may acquire.

Photo Release Statement: I hereby grant the *Unlimited Hands-On Science* permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I/We understand and agree that all photos will become the property of the *Unlimited Hands-On Science* and will not be returned.

I/We hereby irrevocably authorize the *Unlimited Hands-On Science* to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I/We hereby hold harmless, release, and forever discharge the *Unlimited Hands-On Science* from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT THE RISK AND RESPONSIBILITY OF PARTICIPATION IN INTERSCHOLASTIC OR OTHER VOLUNTARY AFTER SCHOOL ACTIVITIES.

Parent's Signature: _____ **Date:** _____ In the event of an emergency, I hereby certify that I am the **parent/lawful** guardian of

_____, and grant to **Unlimited Hands-On Science**, its employees and agents full authority to take whatever action they may consider appropriate under the circumstances involved regarding the health and safety of my child and authorize them to obtain emergency medical or dental services for my child, if necessary, at my expense.

Parent's Signature: _____ **Date:** _____

Emergency Phone #: _____



"We Place Science in the Palm of Your Hands"
www.unlimitedhandsonscience.org



Rev. 5/2017