Student's Name	-
Parents'/Guardians' Name	
Program/Event attending:	Age/Grade:

WAIVER & RELEASE FOR PROGRAM ACTIVITY

Release. In consideration of my, or for my child/dependent/ward, ("student") named above being permitted to attend and participate in the Program/Event stated above (the "Program"), I and/or Parent/Guardian on behalf of student hereby knowingly and voluntarily release, exculpate, and discharge HudsonAlpha Institute for Biotechnology and its board members, officers, employees, agents, and volunteers (the "Releasees") from any and all liability, claims or demands for personal injury or property damages related to or arising from the Program ("Liabilities"). This is intended to discharge and release in advance the Releasees and waive all Liabilities related to student's participation in the Program.

Assumption of Risk. I and/or Parent/Guardian understand that student's participation in the Program is wholly voluntary, and that participation involves risk. Students have the responsibility to reduce the chance of injury, and in that regard students must obey all rules at all times. I and/or Parent/Guardian acknowledge that while the Program and its instructors will make every reasonable effort to teach the student proper techniques and to minimize exposure to known risks, all hazards and dangers associated with this activity cannot be foreseen. These risks include, without limitation, risks from premises involved, including those that are owned by others; risks such as falls or other accidents; risks from the materials involved or areas where activities are to take place, such as laboratories; risks from other workers and participants involved in the Program, such as transmitted illnesses or risks from actions of other persons; risks from weather; risks from dining; and other risks beyond the control of the Releasees. Parent/Guardian has conducted, or has had the opportunity to conduct, his/her own investigation and is willing to accept these risks. I and/or Parent/Guardian understand and acknowledge that involvement and participation in the Program may cause student to suffer an injury, severe health problems, or even death, and I and/or Parent/Guardian voluntarily assume and accept any and all such risks.

Health Care and Emergencies Involving Minors (Age 18 and Under).

Parent/Guardian agrees that if student has any medical or mental condition that could impact the welfare or safety of student or others, such information can be timely disclosed, to help ensure the safety and wellbeing of student and others. Does the student have any allergies, physical limitations or medical concerns of which HudsonAlpha staff should be aware? If so, please list or state 'None':

Emergency Contact. In the event of an emergen please provide an emergency contact that can be will be at HudsonAlpha.		
Name:F	Relation:	
Contact Telephone Number:		
Consent and Release. Parent/Guardian understands that Releasees do not accept responsibility or liability for providing health care services or health care insurance for student in regard to Camp, and that Liabilities related to health care remain the Parent/Guardian's responsibility. In the case of a medical emergency, Parent/Guardian authorizes Releasees to give consent for medical treatment on student's behalf, including all ordinary and extraordinary medical measures.		
Indemnification . Parent/Guardian shall release, hold harmless, and indemnify Releasees from and against any and Liabilities related to the Camp, including medical care decisions.		
Acknowledgement. I and/or Parent/Guardian have read and rely wholly upon his/her own judgment, belief, and knowledge, in agreeing to this document; warrants that he/she has legal responsibility, custody, and authority to speak for student, if a minor; and signs to bind himself/herself, student, and their respective heirs, assigns, and next of kin.		
Student Signature	Date:	
Parent/Guardian Signature	Date:	