

OWL CERTAMEN PROGRAM
RICE UNIVERSITY SENIOR CLASSICAL LEAGUE
PARTICIPATION AGREEMENT AND RELEASE OF LIABILITY

I, _____ the parent or legal guardian of _____, desire for my child to participate in the Owl Certamen Program ("Program") at Rice University, and in consideration of my child being allowed to participate in the Program, I hereby acknowledge and agree as follows:

The program will run on January 20th, from 8:00 AM to 6:00 PM, 2018. I understand that Rice University will not be responsible for my child's transportation to or from Rice University. During my child's participation in the Program, my child will be focusing on participating in Latin-related activities such as Certamen, academic tests, and sight recitation. I also understand some of these activities may involve walking or traveling to different locations on campus.

My child is in sufficient physical and mental health to participate in the Program and does not have any physical or mental conditions that could prevent his/her participation in the Program. I understand that Rice will not provide any insurance for my child in connection with his/her participation in the Program.

I understand that if my child requires medical treatment while participating in the Program, 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.

If my child's participation in the Program is at any time deemed detrimental to the Program or its other participants, as determined by the Program's organizers in their sole discretion, I understand that he/she may be expelled from the Program without Rice or the organizers incurring any liability.

I RELEASE, HOLD HARMLESS, and COVENANT NOT TO SUE, Rice University, its students, trustees, employees, and all other representatives from and for any and all claims, causes of action, damages, and liabilities from any cause (including, but not limited to, bodily injury or property damage, directly or indirectly arising in connection with my child's participation in the Program, whether or not foreseeable or contributed to by the negligent acts or omissions of Rice University or others.

This agreement constitutes the entire agreement, and takes the place of any prior agreements or understandings regarding this Program. This agreement may not be changed, and it may not be assigned or transferred. This Agreement shall be interpreted and enforced in accordance with the laws of the State of Texas, without regard to any conflicts or choice of law principles, and shall be as broad and inclusive as permitted by such laws. If any provision of this Agreement is held unenforceable, such unenforceability shall not affect any other provision, and this Agreement shall be construed as if such provision, to the extent of such unenforceability, had not been incorporated.

Signature of Parents or Legal Guardians:

Printed Name of Parents or Guardians:

Parents' Address:

Telephone:

Medical Insurance Carrier and Policy No.:

Date: