



Waiver and Release Agreement for Minors (under 18-years) and Parents/Guardians

I, the undersigned participant/parent/legal guardian, request permission for myself/minor to participate in the San Francisco Math Circle, to begin in September 2005, located at San Francisco State University (hereinafter referred to as the "activity").

I consent to my/minor's participation in the activity and acknowledge that I fully understand my/minor's participation may involve risk of serious injury, illness, or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the activity is being conducted, and/or the rules of play of this type of activity. I understand that if I have any risk concerns, I shall discuss them completely with the Activity Contact before I sign this agreement and before my/minor's participation in the activity begins. The Activity Contact for this activity is Dr. David Meredith, who can be contacted in the San Francisco State University Mathematics Department, utilizing the contact information above.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, illness, and death, resulting from my/minor's participation in the activity, including transportation to and from the activity. I agree I am financially responsible for any losses and damages resulting from my/minor's participation in the activity.

I certify that I am/minor is in good health and has no medical condition preventing my/minor's safe participation in this activity. I agree to use my/minor's personal medical insurance as the primary medical coverage if accident, injury, or illness occurs. I consent to emergency medical treatment in the event such care is required.

I agree that photographs, pictures, slides, movies, video, or other media coverage of myself/minor may be taken in connection with my/minor's participation in the activity, without compensation from the State of California, the Trustees of the California State University, San Francisco State University, the University of San Francisco, the Mathematical Sciences Research Institute, the San Francisco Math Circle, and the auxiliary organizations, officers, employees, volunteers, and agents of each of them (hereinafter referred to as the "Activity Coordinators and Facility Owner") and consent to the use of photographs, pictures, slides, movies, videos, and other media coverage for any legal purpose.

In consideration for my/minor's participation in the activity, I hereby waive all claims or causes of action against the Activity Coordinators and Facility Owner arising out of my/minor's participation in the activity and hereby release the Activity Coordinators and Facility Owner from all liability in connection therewith.

I have read this waiver and release agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the Activity Coordinators and Facility Owner is knowingly given up in return for allowing my/minor's participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.

Emergency contact name (print) (Area code) Phone number

Relationship to the participant

List medical/prescription information below:

Minor Participant's signature date

Parent's signature (required) date

Participant's Name (print) (Area code) Phone number

Address City/State Zip