

# **[CONFIDENTIAL]**

## **Santa Clara Valley Science and Engineering Fair Association Release and Assumption of Risk (Chaperones)**

Chaperone Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

I am aware that during an excursion certain dangers may occur, including, but not limited to, the hazards of accidents or illness in places without medical facilities, hazards created by the forces of nature, and hazards of travel by air, train, bus, automobile and other means, including walking.

In the event of an injury or illness preventing my conscious dialog with a health care professional, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary for me in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I understand and do hereby assume all of the above mentioned risks and will hold the Santa Clara Valley Science and Engineering Fair Association and the Synopsys Outreach Foundation or its representatives, harmless from any and all liability whatsoever, which may arise out of or in connection with a trip or participation in any activities arranged for the participant by the Santa Clara Valley Science and Engineering Fair Association. The terms thereof shall serve as a release and assumption of risk for my heirs, executor and administrators and for all members of my family.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Family Medical Insurance Provider

\_\_\_\_\_  
Insured Name

\_\_\_\_\_  
Insured Social Security or ID #

\_\_\_\_\_  
Prescription Company

\_\_\_\_\_  
Prescription ID #

Please note any special conditions, allergies, and/or medications the medical personnel should be made aware of:

\_\_\_\_\_  
\_\_\_\_\_

**Witness/Contact:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Phone**

**Numbers:** \_\_\_\_\_