

[Confidential]

**Santa Clara Valley Science and Engineering Fair
Release and Assumption of Risk**

Student Name _____

Date of Birth _____ Departure Date: May 23,2016 Return Date: May 24, 2016.

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 injury or illness, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary for the individual 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 Synopsys Outreach Foundation and the Santa Clara Valley Science and Engineering Fair Association and 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 of Parent of Guardian | Date | Phone | Address |
|---------------------------------|------|-------|---------|

| | |
|----------------------|-----------------------------------|
| Signature of Student | Family Medical Insurance Provider |
|----------------------|-----------------------------------|

| | | |
|--------------|---------------------------------|----------------------|
| Insured Name | Insured Social Security or ID # | Insured Date of Hire |
|--------------|---------------------------------|----------------------|

| | |
|----------------------|-------------------|
| Prescription Company | Prescription ID # |
|----------------------|-------------------|

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