

2013 Greater Philadelphia Homeschool Science Fair
Waiver, Release and Indemnity

I, the undersigned student, wish to participate in the Greater Philadelphia Homeschool Science Fair, which includes laboratory experiments and activities on the campus of Villanova University on February 9, 2013 (the "Activity").

I fully recognize that certain risks are involved in participating in the Activity, and I voluntarily assume those risks for myself, my estate, personal representative, heirs, legatees, devisees, and anyone claiming by or through me (collectively, the "Releasers"). Such risks may include, but not be limited to, loss of or damage to property or illness or physical injury to me up to and including death.

I certify that I have adequate insurance to cover any medical expenses for any injuries that may arise out of the Activity.

I will wear appropriate attire and protective equipment and engage in the Activity in a prudent and cautious manner. I hereby authorize Releasees (hereafter defined), at their discretion, to administer to or seek for me first aid and other emergency medical services (including, without limitation, the Heimlich maneuver, mouth-to-mouth resuscitation, cardiopulmonary resuscitation (CPR) and defibrillation).

I AGREE THAT I WILL NOT HOLD VILLANOVA UNIVERSITY, OR ITS TRUSTEES, OFFICERS, EMPLOYEES OR AGENTS (COLLECTIVELY, THE "RELEASEES") RESPONSIBLE FOR ANY INJURY I MIGHT INCUR IN CONNECTION WITH THE ACTIVITY OR SEEK DAMAGES FROM ANY OF THE RELEASEES IN ANY FORM, AND I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS AGAINST EACH OF THE RELEASEES FOR PERSONAL INJURY, INCLUDING DEATH, ARISING IN ANY WAY OUT OF MY PARTICIPATION IN THE ACTIVITY AND AGREE TO INDEMNIFY AND HOLD EACH RELEASEE HARMLESS FROM ANY SUCH CLAIMS. I RECOGNIZE THAT THIS RELEASE MEANS I AM GIVING UP, AMONG OTHER THINGS, RIGHTS TO SUE THE RELEASEES FOR INJURIES, DAMAGES OR LOSSES I MAY INCUR. I ALSO UNDERSTAND THAT THIS RELEASE BINDS MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, AS WELL AS MYSELF.

I certify that I have read and understand the above statements and that they are true and accurate, and that the signing of this Waiver, Release, and Indemnity is completely voluntary.

READ ABOVE CAREFULLY BEFORE SIGNING BELOW. ALL STUDENTS UNDER 18 MUST HAVE THIS SIGNED BY A PARENT OR GUARDIAN.

Student's Name _____

Student's Signature _____

Date _____

In the event student is under 18 years of age:

I agree, on behalf of myself and my minor child, to be bound by all of the terms and conditions, including the Release of Villanova University for all claims set forth above.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

Address