

DSP EXPERIMENTS & ACTIVITIES WAIVER OF LIABILITY & CONSENT FOR MEDICAL TREATMENT

**Please read and sign/agree to the following agreement and release:**

By signing, participants (or their parent/guardian) acknowledge, understand, and accept the risks associated with any and all activities at the Discovery Science Place, Inc. located at 308 N. Broadway, Tyler, Texas.

I agree that I will not hold UT Tyler or the Discovery Science Place, Inc. its directors, employees, instructors, and volunteers responsible for any accidents, injuries, or damages to myself or my child/ward related to, arising from, or incurred during my child's/ward's participation in Discovery Science Place activities, whether occurring at 302 N. Broadway in Tyler, Texas or any other location where my child/ ward may be participating in Discovery Science Place activities. This is a general release of all possible claims of every kind against UT Tyler and Discovery Science Place, and this release shall be interpreted liberally to effectuate maximum protection for UT Tyler and Discovery Science Place.

In the event of injury, I authorize Discovery Science Place staff to provide first aid or seek emergency medical treatment if deemed necessary. I agree to assume all costs associated with such treatment.

In the event there is an emergency necessitating medical attention for my child, I understand that every possible attempt will be made to reach me immediately. However, if I cannot be reached, I hereby consent and give my permission to Discovery Science Place staff, instructors, or any attending physician to make such decisions and perform such medical treatment upon said minor which may be necessary and proper under the circumstances. In addition, I give my permission for any staff member, instructor, and/or adult volunteer to seek and/or request transport for this medical attention for my child if I cannot be reached.

It is the intention of this release that the above-named individuals incur no liability whatsoever while attending the responsible and necessary treatments that may be needed by participant or their child/ward.

I grant Discovery Science Place permission to use any photos or videos taken of me (or my child) on the rink for promotional purposes.

If my child has special medical needs, allergies or other medical concerns I will contact the DSP to make them aware of such prior to the event my child is participating in.