

Minor's Name _____

Parents'/Guardians' Name _____

Program/Event attending: _____ **Age:** _____

WAIVER & RELEASE FOR PROGRAM ACTIVITY

Release. In consideration of my child/dependent/ward, ("Minor") being permitted to attend and participate in the Program/Event stated above (the "Program"), I and/or Parent/Guardian on behalf of Minor hereby knowingly and voluntarily release, exculpate, and discharge HudsonAlpha Institute for Biotechnology and its Board members, officers, employees, agents, and volunteers (the "Releasees") from any and all liability, claims or demands for personal injury or property damages related to or arising from the Program ("Liabilities"). This is intended to discharge and release in advance the Releasees and waive all Liabilities related to Minor's participation in the Program.

Assumption of Risk. I and/or Parent/Guardian understand that Minor's participation in the Program is wholly voluntary. Minors have the responsibility to reduce the chance of injury, and in that regard Minors must obey all rules at all times, specifically any Code of Conduct for the Program. I and/or Parent/Guardian acknowledge that all hazards and dangers associated with this activity cannot be foreseen. These risks include, without limitation, risks from premises involved, including those that are owned by others; risks such as falls or other accidents; risks from the materials involved or areas where activities are to take place; risks from other participants involved in the Program, such as transmitted illnesses or risks from actions of other persons; risks from weather; risks from dining; and other risks beyond the control of the Releasees. I and/or Parent/Guardian has conducted, or has had the opportunity to conduct, his/her own investigation and is willing to accept these risks. I and/or Parent/Guardian understand and acknowledge that involvement and participation in the Program may cause Minor to suffer an injury, severe health problems, or even death, and I and/or Parent/Guardian voluntarily assume and accept any and all such risks.

Emergency Contact. In the event of an emergency where medical attention is required, please provide an emergency contact that can be reached during the time the Minor will be at HudsonAlpha.

Name: _____ Relation: _____

Contact Telephone Number: _____

Indemnification. Parent/Guardian shall release HudsonAlpha from any and all liability for the Program, and agree to hold harmless, release, and fully discharge HudsonAlpha (and any of HudsonAlpha's agents, representatives, affiliates, successors, and assigns,

or any other persons or sponsor acting on HudsonAlpha's behalf) from any and all causes of action in law or equity that I have now or may have in the future.

Acknowledgement. I and/or Parent/Guardian have read and rely wholly upon his/her own judgment, belief, and knowledge, in agreeing to this document; warrants that he/she has legal responsibility, custody, and authority to speak for Minor, if a Minor; and signs to bind himself/herself, Minor, and their respective heirs, assigns, and next of kin.

Minor Signature

Date: _____

Parent/Guardian Signature

Date: _____