

LIABILITY WAIVER AND RELEASE: THE 9TH ANNUAL WASHINGTON UNIVERSITY CHEMISTRY TOURNAMENT

CONTACT INFORMATION	
STUDENT FULL NAME (first name/family name)	STUDENT DATE OF BIRTH (month/day/year)
STUDENT STREET ADDRESS	STUDENT CITY, STATE, ZIP/POSTAL CODE, (COUNTRY)
STUDENT EMAIL	STUDENT PHONE NUMBER

LIABILITY WAIVER AND RELEASE

In consideration for, and as a condition of, my participation in the educational experience provided by Washington University in St. Louis (the "University") described below, I, the undersigned, agree as follows:

Permission: I, _____, agree to participate in the 2025 Washington University Chemistry Tournament ("Program"). I understand and agree that my participation in the Program is voluntary. I understand that some of these activities may include bus, light rail, or automobile transportation and give permission to be transported as necessary. I understand that transportation to and from the University for the Program is the responsibility of myself and/or my school/organization.

Rules & Policies: I agree to obey all Program rules and policies as well as any policies of the University applicable to the Program.

Media Release: I, the undersigned, hereby irrevocably grant permission to the University to photograph, film, reproduce, transcribe, or otherwise record and use (including release, publish, quote, or broadcast) my image and/or voice in connection with the Program. Additionally, I hereby authorize the University, to release, publish, broadcast or quote such material, including my first name, and any program-related material I may create (including photographs and writings). With respect to this material, I understand that content may be included in future speeches, on the Internet, and through multiple broadcast channels and print media, but that such content will not be used for commercial purposes. I understand that I will not receive monetary compensation in exchange for use of products that include such material.

Liability Release and Indemnity: I voluntarily assume responsibility for any risks of property damage or personal injury, including the associated risks that I may suffer as a result of participating in the Program; and further, I hereby waive, release, and forever discharge, and indemnify and hold harmless the University and its respective trustees, officers, agents, employees, volunteers, representatives, successors and assigns ("Released Parties") from and against any and all claims, damages, losses and/or expenses (including reasonable attorneys' fees) arising out of, resulting from or related to my participation in the Program whether or not such claims, damages, losses and/or expenses (including reasonable attorneys' fees) are due to negligence or fault of the Released Parties.

Health and Safety Policy Guidelines: Throughout the Program, the University will be making decisions as necessary to comply with health and safety laws, public health orders, regulations, ordinances, and CDC guidance pertaining to the COVID-19 pandemic and related public health concerns (“COVID-19”). All members of our community – students, faculty, staff, and visitors - are expected to adhere to University public health policies and guidelines, in addition to other public health orders, regulations and laws. These policies and guidelines are in place to help mitigate the spread of COVID-19 and other infectious diseases on campus and in the surrounding community. Public health concerns may result in a disruption, alteration, or other modification to the Program calendar, including but not limited to a shortened term, a transition from in-person course delivery to remote learning, or the reduction or elimination of breaks. The Program is subject to change as deemed necessary by the University to address public health concerns. I understand the risks associated with potential exposure to contagious infections and diseases, including COVID-19, and I release University, its trustees, officers, employees, agents, and authorized representatives from any and all claims related to the potential or actual exposure to contagious infections and diseases, including COVID-19, related to or arising from my participation in the Program. In addition to the above acknowledgements, I certify that I will complete a health screening prior to the start of the Program to mitigate the spread of COVID-19 on campus.

Disabilities and Accommodations: I have the following medical condition(s) or disabilities of which University should be aware while I am participating in the Program. If any condition constitutes a disability that would make it difficult for you to participate in the Program, please contact the program director.

No Photography, Videotape, or Audiotape: I will not photograph, videotape, audiotape, or otherwise record myself or other participants in the online Program or the course content during the online Program (except as allowed as an accommodation for a disability).

Acknowledgement: I certify that I have read this document, and that I am relying wholly upon my own judgment about the risk of injury to myself by virtue of my participation in the Program. I am over the age of 18 and am voluntarily signing this agreement as my own free act fully intending to be legally bound by it.

I agree that this Release shall be construed in accordance with the laws of the State of Missouri. If any term or provision of this Release shall be held unenforceable, illegal, or in conflict with any governing law, the validity of the remaining portions shall not otherwise be affected.

THIS DOCUMENT CONTAINS A RELEASE OF LEGAL RIGHTS. READ IT AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

PARTICIPANT SIGNATURE

DATE