| Name: | | State/Country: | |
|-------|---|----------------|-----------|
| | Last, First Middle – Must Match Your Identification Documents | | Spell Out |

FORM 7: RELEASE OF LIABILITY, ASSUMPTION OF RISK AND PERMISSION READ CAREFULLY BEFORE SIGNING

The National Youth Science Foundation offers recreational activities including, but not limited to, backpacking, hiking, camping, rock climbing, caving, mountain biking, and kayaking to its participants. Participation in these activities by participants in National Youth Science Foundation programs is voluntary, but no participant will be permitted to engage in these activities unless this Release is fully executed.

I understand that there are **INHERENT RISKS** and **DANGERS** associated with these activities, which can result in **SERIOUS PHYSICAL INJURY** or even **DEATH**. These risks include, but are not limited to, falling, slipping or tripping, bicycle crashing, collisions, getting trapped, drowning, injuries caused by wildlife, equipment malfunctions or other circumstances posing a risk of illness, serious injury or death.

In consideration of the National Youth Science Foundation permitting me to participate in these activities, as well as all associated and related activities, such as transportation, meals, lodging and the like furnished to and arranged for me, I understand and agree to assume all inherent and non-inherent risks and all other related **risks of any type whatsoever** which may be encountered during these activities, including before and after such activities. **Because I accept all of these risks, I will not sue if I am injured (or my child is injured) while engaging in any activities or programs offered by the National Youth Science Foundation.**

I further agree to fully and completely release and hold harmless, for myself, my heirs, successors and assigns, the National Youth Science Foundation and any of its agents, employees, Directors, service providers, representatives, officers, volunteers, and any and all persons assisting or providing any assistance whatsoever in connection with my participation in these activities, from any and all claims, actions, causes of action, expenses and damages arising out of any injury to my person or property, even injury resulting in death, which may arise in connection with my participation in any of these activities. This release includes, but is not limited to, a **complete release for any claims of any kind**, including claims for any acts or omissions, as well as any claims of negligence, gross negligence, intentional or reckless misconduct or any other basis related to activities or programs offered by the National Youth Science Foundation. In other words, I promise not to sue the National Youth Science Foundation if I am injured (or my child is injured) in any way as a result of engaging in activities or programs offered by the National Youth Science Foundation.

Continued on Reverse

| Name: | State/Country: | |
|--|--|---|
| | Last, First Middle – Must Match Your Identification Documents | Spell Out |
| | furthest limits allowed under the laws o | s intended to be construed as broadly and f the State of West Virginia and any other |
| Assumption of | • | d conditions of this "Release of Liability, the terms of this document; that I consider ely executing this document. |
| executors and acknowledging and the totality been executed | d assigns. I again reaffirm my free and a complete understanding of its term by of the waiver of any rights that I would | n myself but upon by heirs, administrators, and willing intent to execute this Release, and conditions and totality of its effect, dotherwise have had, had this Release not ermined to be unenforceable by a court of shall remain in full force and effect. |
| • | <u> </u> | e, that I understand this Release and that I nderstanding that it is a legally binding |
| DATE | PARTICIPANT'S SIGNATURE | PARTICIPANT'S PRINTED NAME |
| DATE | WITNESS'S SIGNATURE | WITNESS'S PRINTED NAME |
| BE SIGNED By my signat and that I had certify that I leads to the signature of the signatu | BELOW BY A PARENT OR LEGAL ure below, I verify that I am the parent we the authority to enter into this Relea | or legal guardian of the minor participant, ase on behalf of the participant. I hereby ild or ward's participation in the activities |
| DATE | PARENT OR LEGAL GUARDIAN'S SIGNATURE | PARENT OR LEGAL GUARDIAN'S PRINTED NAME |
| DATE | WITNESS'S SIGNATURE | WITNESS'S PRINTED NAME |
| | | |