



2023-2024 DeKalb Regional Science and Engineering Fair Agreement

and Waivers Participant Release and Agreement – Submit One per Student

January -June 2024

The student, and the parent or legal guardian of the student, in consideration of the sponsorship of the DeKalb County School District, the consideration paid by us for, and the right to participate in, the event or program described as DEKALB REGIONAL SCIENCE AND ENGINEERING FAIR (DRSEF) do hereby agree to the following relating to DRSEF. I understand and agree to assume any and all risks associated with DRSEF activities including set-up, exhibition, and tear-down of exhibits; participation in the awards ceremony; and all activities that are part of the scheduled activities for DRSEF.

The student pledges to conduct himself/herself in a manner that reflects favorably upon all concerned. Students are bound to the conduct guidelines stipulated in the Rules and Regulations. DRSEF staff may discipline a student or refer a student to the DRSEF Director for dismissal from the program for behavior detrimental to the program or not in keeping with the program guidelines provided to parents and students. Should a student be dismissed for disciplinary reasons, no fees will be returned and DRSEF is not responsible for any resulting inconvenience or expense.

We further agree that DRSEF reserves the right to make cancellations, changes, and substitutions in case of emergency or changed conditions, or if such are in the best interests of the group affected. Should DRSEF cancel this program, full refunds of the program fees will be made unless the cancellation is due to causes outside of the control of DRSEF, in which case DRSEF will refund only uncommitted and recoverable funds. In addition, it is understood that lost opportunity cost and cost of travel to and from the program is not included in any fees that may be refunded.

It is also agreed that should a student leave the program for any reason other than a death in the immediate family or an illness that requires hospitalization, after the deadline set by DRSEF has passed, there will be no refund of any fees. Should a student leave a program as the result of death in the immediate family or an illness that requires hospitalization, DRSEF will refund only uncommitted and recoverable funds that will be prorated before return.

For the sole consideration of the DeKalb County School District allowing participation in this program, I hereby release and forever discharge DRSEF, the DeKalb County School District, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have either arising from or by reason of any personal injury or property damage resulting from or in any way connected with participation in this program.

I further covenant and agree that for the consideration stated above I will not sue the DeKalb County School District, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of voluntary participation in this program.

I understand that the acceptance of this release, waiver of liability and covenant not to sue shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

Medical Treatment Consent

In the event I cannot be reached to give my consent, I authorize DRSEF staff to seek medical treatment as they deem necessary at a local medical center or health care

facility while the student is attending the program. I consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary or advisable by a licensed health care provider during the session. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care, and that it is given to provide the DRSEF staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as he/she judges necessary to the below-named student. I understand that whenever possible, the DRSEF staff will make a good faith effort to contact me before seeking treatment. If this is not possible, I understand that the staff will notify my designee or me as soon as possible of any and all diagnoses and treatments.

I accept responsibility for payment of all services rendered. I understand that the DeKalb County School District and its representatives are not responsible for filing insurance claims; I authorize any medical facility that renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. Neither the DeKalb County School District nor its staff can be responsible for paying for prescription medication. I hereby certify that the student has no medical conditions that will prevent normal participation in the program. I further understand and acknowledge that no medical insurance benefits will be provided during this event, and I certify that the student has sufficient health, accident and liability insurance to cover any bodily injury or property damage the student may incur while participating in this event and to cover bodily injury or property damage caused to a third party as a result of participation in this event.

I affirm that I have provided DRSEF with full disclosure of information related to the student's physical and psychological health.

Photo Release

I, the undersigned, being of legal age (or legal guardian), hereby give DRSEF the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish images of me (or my ward) in which I may be included in the whole or in part, photographed or recorded during my participation in the program and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever.

I hereby waive any right that I may have to inspect and/or approve the finished product or products and any right that I have to control the use to which said product may be applied. I hereby release, discharge, and agree to waive DRSEF, DeKalb County School District, and, their licensees, successors, legal representatives and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise that may occur or be produced in making, procession, duplication, projection or displaying of said pictures or images, and from liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof.

Participation

The student plans to exhibit the project described in the registration form during the 2023-2024 DeKalb Regional Science and Engineering Fair cycle. The student is familiar with the DRSEF, Georgia Science and Engineering Fair, and the Official ISEF Rules and Regulations and will abide by all rules. **The parent(s) and student agree to abide by the decisions made by the DRSEF Judges and Staff and agree not to contest or complain about these decisions.**

We realize that subjectivity will always be a minor part of competitions. We understand that unsportsmanlike conduct by any of us will result in the disqualification of this project. The student agrees to be present during judging, public viewing, and to keep his/her exhibit on display for the duration of the fair. The student will **NOT** try to remove the project exhibit before the scheduled time.

I certify I have read this document in its entirety, understand it completely, and agree to be bound by its terms.

Applications without all necessary signatures will be disqualified.

Student Signature (required for all students, regardless of age) _____ Date _____

Student Name (please PRINT clearly) _____

Parent/Guardian Signature (required if student is under 18 years of age) _____ Date _____

Parent phone (where parent can be reached during event) _____