



PARENT APPROVAL / LIABILITY WAIVER

Name: _____
School/Grade: _____ City _____ State _____
Student Email: _____ Cell #: _____
Parent/Guardian Name: _____ Relationship: _____
Parent Telephone: _____ Parent Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Please advise us (confidentially) of any allergies or medical concerns:

I am the parent or legal guardian of the above-named minor. I hereby give the specified minor above permission to attend events coordinated by OMICS LIVE, its successors, and/or affiliates. I hereby consent and agree to hold harmless, OMICS LIVE, its successors and/or affiliates, and/or any volunteers thereof, for any accident, injury or occurrence arising out of or in conjunction with the activity or arranged transportation necessary to participate in the aforementioned activity or Internship program.

I hereby grant permission to OMICS LIVE, its successors, and/or affiliates to have and/or use photographs, video and/or statements taken from the participant for use on the OMICS LIVE website, social media platforms of either OMICS LIVE or the event host and/or by the press or media covering the event. I hereby release OMICS LIVE, its successors, and/or affiliates from any and all claims and demands arising out of or in connection with such use and the student’s participation, including but without limitation any and all claims for invasion of privacy, infringement of the participant’s right of publicity, defamation, and any other claim against OMICS LIVE.

In case of an emergency, I give permission for my student to be taken to a physician or hospital by an OMICS LIVE Staff Member to secure proper treatment and understand every effort will be made to contact you immediately.

Parent/Guardian Signature: _____ Date: __ / __ / __
Printed Name: _____

Second Emergency Contact Name: _____ Relation: _____
Telephone #: _____ Email: _____

Omics Live Staff Member: _____ Date: __ / __ / __