

**SCIENCE ATL
PARTICIPATION CONSENT FORM ASSUMPTION OF RISK, RELEASE,
COVENANT NOT TO SUE, AND WAIVER**

You have volunteered in connection with the promotion or implementation of events or programs managed by Science ATL Inc. (the "Event") at various locations throughout the metropolitan Atlanta region. Please read the following, and once you have thoroughly read and agreed to its contents, sign where indicated below.

I understand that there are inherent risks involved in participating in the Event, and I realize that participation in the Event is my choice. I am aware that, during my participation, certain risks and dangers may occur, including, but not limited to, the hazards of traveling by automobile or other conveyance; the hazards of working with large groups of people; accident or illness; the forces of nature; all manner of foreseen and unforeseen bodily and personal injuries, including death; damage to property; and the consequences resulting therefrom.

I understand that *Science ATL Inc.*, its sponsors and partners do not warrant or guarantee in any respect the physical condition of any facility or equipment used in connection with the Event or the suitability of the Event for my participation. I understand that *Science ATL Inc.*, its sponsors and partners do not provide me with any insurance, whether health, accident, or otherwise, in connection with the Event.

I understand that it is my responsibility to know what personal equipment is required (such as footwear and clothing) and provide the proper personal equipment for my participation in the Event, and to ensure that it is in good and suitable condition. I agree to ask questions to make sure that I know how to safely participate in the Event activities.

In consideration of being permitted to participate in the Event, I acknowledge and voluntarily assume all risks associated with the Event.

In additional consideration for *Science ATL Inc.*, its sponsors and partners allowing me to participate in the Event, I hereby release, covenant not to sue, and forever discharge *Science ATL Inc.*, its sponsors and partners and any associated trustees, officers, agents, employees, students and volunteers, of any and all claims, demands, rights, and causes of action of whatever kind or nature, including but not limited to negligence, unforeseen bodily and personal injuries, damage to property, and the consequences thereof resulting from participation in the Event and/or any travel incident thereto.

I expressly agree that the terms of this Assumption of Risk, Release, Covenant Not to Sue and Waiver" (this "Release"), shall be binding upon me and my heirs, executors and assigns, and all members of my family.

I expressly agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia without regard to conflict of laws principles. I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that, in the event that any clause or provision of this Release is held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

In signing this Release, I hereby acknowledge that I have carefully read this entire document, that I understand and agree to comply with its terms, and that I have signed it knowingly and voluntarily.

_____ Signature

_____ Printed Name

_____ Date

SCIENCE ATL INC.

Photo/Video/Audio Release Form

I give my consent to be recorded and/or photographed and/or videotaped as a participant in the **STEM Professional School Partnership** program, from August 28, 2020 to June 15, 2021. Science ATL Inc. ("SATL") has permission to use recordings, photographs and videos of myself for promotional purposes and publications.

My images and/or voices may be used for any purpose whatsoever by SATL without compensation to me, in any broadcast, print or electronic media, including but not limited to usage in newspaper, internet, magazine, printed publications, radio, television, now or hereafter known. I release SATL and its partners from any liability resulting from such usage.

I have read and understand the above consent and release form, and I am signing it voluntarily.

Name (please print): _____

Signature: _____ Date: _____

FOR INTERNAL USE ONLY: _____