

SCIENCE ATL VOLUNTEER RELEASE FORM FOR MINORS
ASSUMPTION OF RISK, RELEASE, COVENANT NOT TO SUE, AND WAIVER

Your child has 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 or virtually. 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 child's 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; potential exposure to employees, volunteers, or other individuals, including members of the public, who may be infected with COVID-19; 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 or my child 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 child's participation in the Event, and to ensure that it is in good and suitable condition. I agree to ask questions to make sure that my child knows how to safely participate in the Event activities.

I understand that photographs, or video or audio recordings may be made at the Event. I grant and convey to *Science ATL Inc.* all right, title and interest in any and all photographic images and video or audio recordings made by or for *Science ATL Inc.* during my child's participation in the Event, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I release *Science ATL Inc.* and its partners from any liability resulting from such usage.

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.

In addition to any other risks posed by participating in the Event, I understand that, despite any safety precautions being taken by *Science ATL Inc.*, by participating in the Event there is a risk of potential exposure to COVID-19 or any other harmful virus or bacteria, which may result in illness or death. I release, forever discharge, indemnify and hold harmless *Science ATL Inc.* and its directors, officers, employees, volunteers, successors and assigns from any and all liability, claim, costs or expense related to such risk.

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.

_____ Child's Printed Name

_____ Parent/Guardian's Signature

_____ Parent/Guardian's Printed Name

_____ Date