I, the undersigned parent/legal guardian of __________________________________, authorize said child's full participation in the UT Austin Summer High School Research Academy, including the opportunity to visit and perform experiments in laboratories at The University of Texas at Austin. It is my understanding that participation in the activities that make up the UT Austin Summer High School Research Academy is not without some inherent risk of injury. As such, in consideration of my child's participation in the UT Austin Summer High School Research Academy, I hereby release, waive, discharge, and covenant not to sue the program, the College of Natural Sciences Dean's Office, The Freshman Research Initiative, The University of Texas at Austin, The University of Texas at Austin System, the State of Texas, their officers, servants, agents, or employees from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, including transportation, and accept responsibility for the cost. I also understand that I should make sure my child is covered with family insurance in the event of a serious accident.

Print Student's Name:________________________________________________

Personal Insurance Company & Policy Number:______________________________

Emergency Contact Name:_________________________________ Phone:___________________

I understand that my child’s name, picture, and name of school may be published on the internet under the UT-Austin website and/or in any UT-Austin printed publications. No addresses will be associated with photos.

Parent/Guardian signature:______________________________________________

I agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Student's signature:______________________________________________

THIS FORM MUST BE COMPLETED AND SIGNED FOR EVERY STUDENT GRANTED ACCESS TO LABORATORIES AT THE UNIVERSITY OF TEXAS AT AUSTIN AS PART OF THE UT AUSTIN SUMMER HIGH SCHOOL RESEARCH ACADEMY - NO SUBSTITUTIONS OR EXCEPTIONS

Send this form to:
The University of Texas at Austin, College of Natural Sciences
Summer High School Research Academy, Attn: Dr. Stuart Reichler
205 W. 24th St. #A6700
Austin, Texas 78712
Or scan and email to:
utaustinhsra@gmail.com (put “liability form” in the subject)

**All application materials are due by April 1, 2015**