



**Expanding Your Horizons Geneva**  
Biennial Science Event  
16th November 2019

Name of child attending: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Name of emergency contact person: \_\_\_\_\_

Contact phone number during conference: \_\_\_\_\_

**Certain activities can present the risk of injury. This exculpatory release confirms that the participant who signs below accepts all aspects of this risk.**

I, the undersigned \_\_\_\_\_, having fully understood the dangers and risks inherent in some of the activities which will take place during the Expanding Your Horizons Geneva Science Event to take place on 16th November 2019, agree to assume all the risks and responsibilities surrounding participation in the activities and consent to letting my child attend the event.

I agree to release, waive, forever discharge, and not sue the University of Geneva, Geneva authorities or Expanding Your Horizons Geneva, or their representatives or employees, as well as any volunteers and any students acting as employees for the Geneva Expanding Your Horizons Science Event, from and against all liability for any harm, injury, damage, claims, costs, and expenses of any nature that I or my child, may have as a result of participating in the event, except in the case of serious negligence.

I have read the above liability release statement and fully understand and accept all aspects of that risk.

Accept

Decline

Signature of parent or legal guardian \_\_\_\_\_

Date \_\_\_\_\_

**Photo, video and audio permission**

I give my consent to Expanding Your Horizons Geneva, for this event, to make photo, video or audio recordings that include my daughter for the purpose of publicising and promoting Expanding Your Horizons Geneva or its institutional partners for this event. I understand that the photos, videos or audio recordings may be published in newspapers or magazines, on the Internet, or be broadcast on television or radio.

Private information (addresses, phone numbers, email or schools) will not be published. If permission is not granted, your child will be identified by means of a coloured sticker and photographers / journalists will be informed that they cannot photograph, film or record audio with these children.

I have read the above photo permission statement and accept or decline.

Accept

Decline

Signature of parent or legal guardian \_\_\_\_\_

Date \_\_\_\_\_