MOREHEAD PLANETARIUM+ SCIENCE CENTER

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

Release, Waiver of Liability, and Assumption of Risk Agreement and Consent for use of Photographs and Video ("Release")

In consideration of the opportunity for the student (hereinafter referred to as "Participant") to participate in the Morehead Planetarium and Science Center's activities indicated below (hereinafter referred to as the "Activities"), the undersigned parent or guardian consents to the participation. All references to "I," "me," or "my" in this document shall be understood to include both the Participant and his or her parent or guardian.

Activities (Please indicate):

- ○ Morehead in Motion: Earth & Beyond
- ○ Morehead in Motion: Lab to Life
- ○ Our Physical World
- ○ Science on Stage

I agree to behave in a responsible and safe manner during my participation in the Activities. I realize that any behavior judged by Morehead staff to be inappropriate, dangerous or disrespectful will not be tolerated and will prohibit my participation in the Activities.

I consent to Morehead staff or other staff of the University of North Carolina at Chapel Hill photographing or filming my participation in the Activities. I hereby grant The University of North Carolina at Chapel Hill the right and permission to copyright, publish, exhibit and distribute such photographs or video for use in any of its educational, informational or promotional publications, or multimedia (video, audio) presentations, including advertising, or for any other purpose related to its education mission in any medium including, but not limited to, electronically via the Internet. I also waive the right to approve the final product(s) in which such photographs or video may appear.

- ○ I waive the release for photographing and filming my child.
- ○ I do not consent to have my child photographed or filmed.

I understand that I am not required to participate in the Activities. I am aware of the risks and hazards associated with the Activities and acknowledge that my participation in the Activities is entirely voluntary. In consideration of the opportunity afforded me to participate in the Activities, I hereby release, hold harmless, and forever discharge The University of North Carolina at Chapel Hill and its trustees, officers, employees and agents (the "University") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury that I may sustain while participating in the Activities, except for damages caused by the University's negligence.

In the event of any illness or injury, I hereby authorize Morehead staff, or other employees or agents of The University of North Carolina at Chapel Hill, to obtain emergency medical treatment for me as deemed necessary, and I hereby assume responsibility for the financial costs of such treatment. Should it become necessary, I also grant permission for emergency CPR to be administered to me by a certified person, or for first aid to be administered to me by a Red Cross certified person. I hereby release and forever discharges the University from any claim whatsoever that arises or may hereafter arise on account of any first aid, medical treatment, or service rendered. I will take appropriate precautions or medications to treat or reduce the likelihood of exacerbating any pre-existing health conditions or allergies.

I have read and understand this Release and agree to be bound by its terms and conditions. This Release shall be binding and enforceable against Participant and Participant's successors, assignees, heirs, guardians and legal representatives. This Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. In the event that any clause or provision of this Release shall be 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 which shall continue to be enforceable.

_____

Name of Participant

_____

Name of Parent or Guardian
(If Participant is under 18)

_____

Signature of Parent or Guardian
(If Participant is under 18)

Date