



Hold Harmless Agreement

I/We, _____, (participant OR parents / guardian name), being the parents(s) or legal guardian(s) for _____ (N/A or child), understand that The

Da Vinci Discovery Center of Science and Technology, Inc., (or "Da Vinci Science Center") takes reasonable precautions to insure that its activities are conducted by qualified personnel in a safe and responsible manner.

However, I/We further understand that these activities involve certain risks and exposures, which may include but are not limited to: exhibits, photos and other representations of real human anatomy, exposure to medical devices and information, and weather conditions. I recognize these risks and agree to an assumption of them by participating in or allowing my child to attend the Da Vinci Science Center and St. Luke's University Health Network's Mini Medical School and participate in these programs.

I hereby release, indemnify and hold harmless the Da Vinci Science Center and St. Luke's University Health Network, its officers, trustees, agents, and employees from and against all losses, claims, actions, costs, expenses and/or damages, including attorney and medical fees, arising out of my/our child's participation in the Da Vinci Science Center's and St. Luke's University Health Network's Mini Medical School or sponsored trips/activities, their related risks, whether arising from an act or omission, negligent or otherwise, to the fullest extent permitted by law, except for the willful misconduct or gross negligence on the part of the Da Vinci Science Center.

Permission is granted for my child to participate in the Da Vinci Science Center's and St. Luke's University Health Network's Mini Medical School and I understand, that by signing this form, I am voluntarily and knowingly accepting responsibility for myself or my child's participation in the Da Vinci Science Center and St. Luke's University Health Network's program and its related risks.

Participant OR Parent/Guardian Name (Printed)

Participant OR Parent/Guardian Signature

Date _____