RELEASE AND CONSENT FORM FOR MINORS TO TOUR THE CYCLOTRON INSTITUTE AT TEXAS A&M UNIVERSITY

I, ______________________________ (print name), give permission and consent for my minor-age child to visit and tour the Cyclotron Institute on __________________________ (date). I understand that the Cyclotron Institute is a radiologically controlled area with industrial hazards and other risks associated with it. I have therefore thoroughly discussed with my minor child the need to follow all instructions and directions of the tour staff.

I hereby knowingly and voluntarily release, hold harmless and forever discharge the Texas A&M University System, the Cyclotron Institute and all of its employees from any and all claims, causes of action, losses, costs, and damages of any nature whatsoever I may have as a result of my minor child (named below) taking a tour.

I certify that I am either the parent or legal guardian of the minor covered by this Release and Consent. If my child is under 12 yrs of age, I further certify that I, or an individual authorized by me, will at all times during the tour be present with my child.

I have carefully read and fully understand all the provisions hereof. I acknowledge that there are no other agreements, written or oral, not expressed herein.

__________________________________________  ____________________________________________
Child’s name (please print legibly)  Parent or guardian’s name (printed)

__________________________________________  ____________________________________________
Date signed  Parent or Guardian’s signature