2017-2018 ACADEMIC DECATHLON OF OHIO, INC.
COACH RELEASE FORM

I, _____
(Coach's Name) (Coach's Email Address)

at _____
(School Name)

located at _____
(School Address) (City) (State) (Zip)

I hereby consent to the release of information about or relative to my participation in competition activities, including my name, voice, biographical material and educational information, scores, photographs, sound and video recordings and any other data in all media in connection with the promotion and publicity for Academic Decathlon of Ohio, Inc., or for other educational purposes. Academic Decathlon of Ohio, Inc. shall have full rights to reproduction and use of all such materials. Following the competitions, Academic Decathlon of Ohio, Inc. has permission to contact me regarding my participation in Academic Decathlon® competitions (survey, etc.). We hereby release and agree to indemnify Academic Decathlon of Ohio, Inc. and its parent companies, subsidiaries, officers, directors, employees, representatives and assigns from and against any and all liability arising out of the exercise of the rights granted by this release. I further release from all liability and responsibility Academic Decathlon of Ohio, Inc., and its parent companies, subsidiaries, officers, directors, employees, representatives and assigns and hold each of them harmless from any damage or injury which may be incurred or caused by me before, during or following any ADOO or United States Academic Decathlon event, including travel.

By signing below, I acknowledge that I agree to adhere to the highest standards of honesty and integrity while participating in Academic Decathlon® competitions and events. If for any reason test results are deemed invalid, I further agree to have students on my team participate in a retest, as deemed necessary or appropriate by the competition manager that will validate the test results. I agree to not release any USAD test into the public domain or provide copies to anyone for study, practice, or any other purposes. I agree to not provide a copy of any test to any third person or entity for review or otherwise without the express prior written consent of USAD.

I understand that as a team coach, I am the official chaperone and I have full responsibility to make medical and/or other necessary decisions and that I will be held responsible for any damage resulting from my behavior.

_____ _____
Coach's Signature Date