**PARTICIPANT RELEASE FORM**

**ILLINOIS STATE SCIENCE OLYMPIAD, INC.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the parent or legal guardian of

 (Parent/Guardian Name, please print)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student Name, please print) (School Name)

a participant in a tournament sponsored by the Illinois Science Olympiad. (ISO).

I hereby grant the ISO, its affiliates, exhibitors, sponsoring companies and participating schools the full and unrestricted right to the use of my child’s picture or other likeness in publicity efforts and coaches’ training.

I give my child permission to participate in the Illinois Science Olympiad RegionalTournament at Lindenwood University Belleville on Saturday, March 11, 2017.

Signatures and Dates:

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_