

MEDIA RELEASE

Address: City: Phone: Email: Grade Level: 3 4 5 6 Parent or Guardian Information Name: Relationship to Student: Address:	Student's Full Name:		
City:	Address:		
Phone:Email:			Zip
Parent or Guardian Information Name: Relationship to Student: Address: City: Phone: Email: Parent or Guardian Permission I give permission to the Kids' Science Challenge to use my child's, and/or my, name, voice or likeness for the Kids' Science Challenge's editorial or promotional purposes, including without limitation use in printed brochures, in publicly distributed audio or video files, and in or on publicly accessible internet websites.			
Name:	Grade Level: 34_5_6		
Relationship to Student:	Parent or Guardian Information		
Relationship to Student:	Name:		
Address: City: State Zip Phone: Email: Parent or Guardian Permission I give permission to the Kids' Science Challenge to use my child's, and/or my, name, voice or likeness for the Kids' Science Challenge's editorial or promotional purposes, including without limitation use in printed brochures, in publicly distributed audio or video files, and in or on publicly accessible internet websites.	Relationship to Student:		
Phone: State Zip Parent or Guardian Permission I give permission to the Kids' Science Challenge to use my child's, and/or my, name, voice or likeness for the Kids' Science Challenge's editorial or promotional purposes, including without limitation use in printed brochures, in publicly distributed audio or video files, and in or on publicly accessible internet websites.			
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	Name:	D	ate:
Signature:	Signature:		

Please fax the completed form to 1-253-648-2253, or mail it to The Kids' Science Challenge, Science Fair Projects, P.O. Box 344, Accord, NY, 12404. We will email instructions to you after we receive the signed form.