



## RELEASE

Student's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_

Grade Level: 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

### Parent or Guardian Information

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Parent or Guardian Permission

I am the parent and/or guardian of the above-named student, and he/she has my permission to receive information from the Kids' Science Challenge via mail or email sent directly to their email address, above. I understand that my child may choose to share personal information with the Kids' Science Challenge in the future, including his/her real name and email address. However, I understand that my child's contact information will not be shared with any unaffiliated third parties. In addition, I give permission to the Kids' Science Challenge to use my child's, 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: \_\_\_\_\_ Date: \_\_\_\_\_

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.