

RELEASE & CONSENT FORM
Kentucky Junior Academy of Science
April 15, 2017 ANNUAL MEETING
Kentucky State University, Frankfort, KY

- I release the Kentucky Academy of Science/Kentucky Junior Academy of Science from any and all claims, damages, and causes of action of any kind or nature resulting from or relating to my participation in or attendance at this event.
- I authorize the Kentucky Academy of Science to photograph or record my name, likeness, voice and performance without payment or other compensation.
- I release all claim to audio and video recordings or photographs of this meeting and assign all rights to these images or recordings to the Kentucky Academy of Science.
- My assignment of these rights is not limited to any specific time period or purpose.
- I warrant that all material furnished by me is either my own original work or work for which I have obtained copyright permission and full authority to use for this purpose.
- I agree to all of the above on behalf of myself, my minor child, other family member or person for whom I have legal responsibility.

Project Information

Student Name (Please Print) _____

Signature _____ Date _____

*Parent or Guardian Name (Please Print) _____

*Signature _____ Date _____

· parent or legal guardian name and signature is required if subject is a minor child or unable to sign for any reason
Required for participation in Kentucky Junior Academy of Science Annual Meeting