**RELEASE & CONSENT FORM**

**Kentucky Academy of Science / Junior Academy of Science**

**November 21-22, 2025 Annual Meeting**

 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.

Student Name (Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Can we stay in touch with you about future Science events and opportunities? Yes / No

If so, please print clearly and provide us

Your email (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your phone number (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUIRED:**

\*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 Academy of Science / Kentucky Junior Academy of Science Annual Meeting*

**Please return this form by US Mail or email.**

**Due by Oct 13 if submitting an abstract or due by Nov 14 if not submitting an abstract.
Kentucky Academy of Science, PO Box 806, Louisville KY 40201** **executivedirector@kyscience.org**