**RELEASE & CONSENT FORM**

**Kentucky Academy of Science**

**November 5-6 VIRTUAL ANNUAL MEETING**

*Required for all persons under age 18 participating in the Kentucky Academy of Science Annual Meeting*

 I release the Kentucky 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

Please return this form to:

executivedirector@kyscience.org

 or mail to: Kentucky Academy of Science

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 Louisville, KY 40202