

9-12 Discovery Regional Science & Engineering Fair Permission to Enter and Photo Release Form (Form 9-12P)

Please complete this form and return as soon as possible to complete the registration process.

To Return This Form:

1. Upload this form using the link and password emailed to you within a few days of your registration. If you do not receive an email response please let us know at scifairdir@plu.edu Please check your SPAM filter as well. Please give us a week from when you submit this form.

2. This is not preferred, but you can Mail to:
Discovery Regional Science and Engineering Fair c/o
South Sound STEM Fair Alliance
PO Box 73232
Puyallup, WA 98373

Student Information

Name of student as listed on registration: _____

- **I give my consent for _____ (Student's Name) to enter the Discovery Fair and to be photographed, recorded for video and/or audio to be used in public media including but not limited to, promotions, fair programs, television and web sites associated with the Discovery Regional Science and Engineering Fair. Submitted project documents including project slides may also be used at the discretion of the South Sound STEM Fair Alliance.**
- **I will not receive financial compensation for such use.**
- **This authorization releases The South Sound STEM Fair Alliance from any or all liabilities that may result from participation.**
- **I understand that revocation of this consent must be given in writing**

(Printed full name of Parent/ Legal Guardian Signature)

(Signature of parent/legal guardian or student age 18 or older)

(Date)