



Arizona Science Olympiad  
2017 - 2018 Parental Permission Form  
Div C

Parents: Please complete and return to your child's Science Olympiad Coach

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Grade)

\_\_\_\_\_  
(Home Address)

\_\_\_\_\_  
(Parent Phone Number where can be reached during competition)

My child has my permission to stay after school for Science Olympiad Practices as scheduled by the Science Olympiad Coach. My child has my permission to participate in and/or be transported to the following Science Olympiad Events.

**18 November 2017**

*Valley Vista HS Invitational*  
15550 N Parkview Place  
Surprise, AZ 85374

**2 December 2017**

*Empire HS Invitational*  
10701 E Mary Ann Cleveland  
Way  
Tucson, AZ 85747

**20 January 2018**

*Casteel Invitational (Div B & Div C)*  
24901 S Power Road  
Queen Creek, AZ 85142

**7 April 2018 (Div B & Div C)**

*Arizona State Finals*  
Arizona State University – Tempe  
Campus

I understand that the Arizona Science Olympiad program and/or personnel do not accept liability for the students in the above noted events. If emergency service involving medical action or treatment is required for my child and neither parent nor family physician can be contacted for consent, I hereby grant permission for rendering of such emergency medical service.

My son/daughter shall be responsible for avoiding food to which he/she is allergic and/or which may endanger safety. I give permission for my child to self-administer any pre-approved normally required medicine.

\_\_\_\_\_  
(Doctor's Name)

\_\_\_\_\_  
(Doctor's Phone Number)

\_\_\_\_\_  
(Insurance Carrier)

\_\_\_\_\_  
(Policy Number)

\_\_\_\_\_  
(Parent or Guardian's Signature)

\_\_\_\_\_  
(Date)



# Arizona Science Olympiad

## Photography Release

Please complete for each person in attendance at each tournament.

Science Olympiad Participant: \_\_\_\_\_

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

I hereby authorize Arizona Science Olympiad, hereafter referred to as Science Olympiad to publish photographs taken as part of the 2018 season of myself and/or the minor child or children listed below, and our names and likenesses, for use in the Science Olympiads print, online and video-based marketing materials, as well as other Science Olympiad publications.

I hereby release and hold harmless Science Olympiad from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Science Olympiad to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, nor the minor child/children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Science Olympiad publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Science Olympiad, its volunteers, its contractors, its employees, and any third parties involved in the creation or publication of Science Olympiad publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

### Authorization

Parent/Guardian Printed Name: \_\_\_\_\_

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

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

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

Relationship to Children: \_\_\_\_\_

Names and Ages of Other Minor Children in attendance:

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

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