

## Santa Clara County Regional Science Olympiad

## **Student Permission Form**

Student Participant:	NAME OF STUDENT		now a student at		School
wishes to participate in the Santa Clara County Regional Science Olympiad to be held on Saturday, March 16, 2019 at San Jose City College. As his/her parent or guardian I do hereby release from all responsibility or liability the Bay Area Science League and the San Jose City College and hold them totally harmless for any incident or injury which may be incurred before, during, or following such event. Our signatures are shown below and we do hereby agree to follow all Science Olympiad rules and accept the interpretations and decision made by the event committee. We hereby authorize the Bay Area Science League to use and reproduce photograph/videotape my child for publicity and promotional purposes. The participant and parent/guardian agrees to abide by all tournament rules as indicated on the tournament website at <a href="https://www.santaclarascioly.com">www.santaclarascioly.com</a> . I understand adults are not allowed at impound and cannot coach teams at their events. Adult interference will cause the team to be disqualified.  Signed by:  Signature  Parent/Guardian:    Date:   Date:     Print name   Signature		PRINT first name	and last name		
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Student Participant:	San Jose City Colle Science League an incurred before, du Science Olympiad r authorize the Bay A promotional purpos tournament website	ege. As his/her pared the San Jose City ring, or following sucrules and accept the trea Science Leagues. The participant as at <a href="https://www.santaclara">www.santaclara</a>	nt or guardian I do hereby relaced College and hold them totally chevent. Our signatures are so interpretations and decision are to use and reproduce photographic parent/guardian agrees to scioly.com. I understand adult	ease from all responsibility or lia harmless for any incident or inj shown below and we do hereby made by the event committee. V graph/videotape my child for pu o abide by all tournament rules a ts are not allowed at impound a	bility the Bay Area jury which may be agree to follow all We hereby blicity and as indicated on the
Address: City: Zip:  Coach: / Date:  Print name Signature	Signed by: Student Participa	nt: Signature		Date:	
Address:City:Zip:	Parent/Guardian:		/	Date:	
Coach: Date:		Print name	Signature		
Print name Signature	Address:		City:	Zip:	
	Coach:	4.000	/ Signature	Date:	
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Barbara Little, Regional Director Santa Clara County Regional Science Olympiad

Questions? Please see your team's coach.