



2024 Science Olympiad National Tournament Parent/Guardian Permission Form

I, the signer of this document, voluntarily seek to participate in the 2024 Science Olympiad National Tournament (the “Tournament”) in person on the campus of Michigan State University, East Lansing, Michigan, on May 24 – 25, 2024. The activities of the Tournament include building and designing devices and other Tournament-related events.

OR

I, the signer of this document, am the parent or legal guardian of the child named below [participant name], a minor. I give my permission for my child to participate in the 2024 Science Olympiad National Tournament (the “Tournament”) in person on the campus of Michigan State University, East Lansing, Michigan, on May 24 – 25, 2024. The activities of the Tournament include building and designing devices and other Tournament-related events.

PERMISSION

I voluntarily seek to participate in this Science Olympiad event.

OR

I grant permission for my student to participate in this Science Olympiad event.

IMAGE CONSENT

I consent to the use by Science Olympiad, Inc. of my/my student’s image, voice, or both, in (1) any video, photograph, or audio recording; and (2) any video, photograph, or audio recording reproduced either in whole or in part from the video, photograph or audio recording; regardless of whether these materials are used for advertising, publicity, or any other purpose on behalf of either Science Olympiad or its university hosts, sponsors, chapters or partners. I warrant that I have the full right and authority to grant this consent. In addition, I waive all claims to compensation or damages based on the use of my/my student’s image or voice, or both, by Science Olympiad or its sponsors, chapters, or partners. I also waive any right to inspect or approve the finished photograph or video or audio recording. I understand that this consent is perpetual, that I may not revoke it.

CODE OF ETHICS & ACADEMIC INTEGRITY

I/My child have read and will abide by Science Olympiad’s stated [Code of Conduct, Code of Ethics, and Student Pledges](#) and will follow all directions given by tournament staff and volunteers while representing my school/my child’s school.

MEDICAL PERMISSION

I certify that I/my student has the medical form on file with their coach and tournament staff, should any situation arise.

Printed Name of Participant _____

Signer must be the parent/guardian of the participant if the participant is under 18 years of age on the date signing OR the participant if the participant is 18 years of age or older on the date signing

Printed Name of Signer _____

Signature of Signer _____

Date _____