

**PARTICIPANT RELEASE FORM
ILLINOIS STATE SCIENCE OLYMPIAD, INC.**

I, _____ am the parent or legal guardian of
(Parent/Guardian Name, please print)

_____ from _____
(Student Name, please print) (School Name)

a participant in a tournament sponsored by the Illinois Science Olympiad. (ISO).

I hereby grant the ISO, its affiliates, exhibitors, sponsoring companies and participating schools the full and unrestricted right to the use of my child's picture or other likeness in publicity efforts and coaches' training.

I give my child permission to participate in the Illinois Science Olympiad Regional Tournament at Parkland College on March 4, 2017.

Signatures and Dates:

Participant: _____ Date: _____

Parent or Guardian: _____ Date: _____