

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

I, _____ am the parent or legal guardian of
(Print Name)

_____ from _____,
(Print Name) (School)

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 7, 2015.

Signatures and Dates:

Participant: _____ Date: _____

Parent or Guardian: _____ Date: _____