



PLEASE PRINT STUDENT INFORMATION:

School _____

Last Name

First

STUDENT PHOTOGRAPH AND VIDEOTAPE RELEASE

I hereby give permission for my child, _____, to be photographed and/or videotaped under the supervision of the Los Angeles County Science Fair Committee, for reasonable and appropriate uses to record and publicize the Los Angeles County Science Fair. I understand that photographs and videotapes may be used in future Science Fair publicity, and for fundraising purposes.

I, hereby, state that I am the legal guardian of the above named child.

Parent/Guardian Signature _____ Date _____

Phone Number _____
Area Code Number

*Please return this completed form to the Science Fair
Registration Desk on Thursday, March 17, 2016.*