



Release Form

Goshen College Science Olympiad Regional Tournament

The undersigned grants permission to Goshen College to use photos of the participant named below, taken during the competition day, on its website or for media coverage.

The undersigned also acknowledges that Goshen College, its employees, and volunteers will be held harmless from any and all liability which could result in participating in this competition.

Please print or type:

Participant Name: _____

Parent Name (if applicable): _____

Signature: _____

To the Coach: Please make a copy for each team member and have it signed by a parent or guardian (or the student if 18 years or older). Please have each assisting adult sign one as well.