



## Photo/Video Release for Parent

I hereby consent that photographs, audios, and videos taken of my child during ScienceFest may be used by ScienceFest and the ScienceFest Steering Committee members for purposes of event documentation, media coverage and promotion of science education. Names of students will not be published.

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please keep these forms on record at the school. For more information regarding ScienceFest and the ScienceFest Steering Committee, visit the following website: <http://www.sciencefestok.org>



## Photo and Video Release Teacher Statement

I confirm that a Photo/Video Release form has been completed for each student attending ScienceFest and that these forms are on file in my classroom. I will notify ScienceFest of any students that have not completed this form at the time of arrival.

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
School