

2009 NEVADA REGIONAL SCIENCE BOWL
HOSTED BY THE NATIONAL NUCLEAR SECURITY ADMINISTRATION, NEVADA SITE OFFICE

MEDIA RELEASE FOR STUDENT PARTICIPATION
February 6 -7, 2009

The **National Nuclear Security Administration Nevada Site Office** is the host of the 2009 Nevada Regional Science Bowl. In carrying out this event, participants are often photographed, filmed, videotaped, or otherwise recorded to illustrate the kind of activities happening at the academic event. You, _____, may be photographed, filmed, videotaped, or otherwise recorded during participation at the Nevada Regional Science Bowl and we desire your permission to use any images or recording taken at this time to promote our training and educational programs and other activities. Any such image or recording may be included in such promotional materials as brochures, booklets, videotapes, reports, press releases, Web site, and exhibits. If you agree to the use of any such images or recording, please execute the RELEASE FORM below and return by **November 14, 2008** to:

Nevada Regional Science Bowl Coordinator, Vicky Walter
National Security Technologies, LLC
P.O. Box 98521
Mail Stop NSF 119
Las Vegas, NV 89193-8521

RELEASE FORM - MINORS

To promote, evaluate, or otherwise describe Nevada Regional Science Bowl training and educational programs and activities, I give permission to National Nuclear Security Administration Nevada Site Office, and its agents, to use in connection with any publications (including but not limited to brochures, booklets, videotapes, reports, press releases, Web site, and exhibits) any image or recording in which I, _____, a minor, appears, to use and cite any comment(s) verbal or written, made by said minor about any Nevada Regional Science Bowl program, and to use said minor's name in connection with any publication and in such manner as determined by the National Nuclear Security Administration Nevada Site Office.

_____	Parent: <input type="checkbox"/>	Guardian: <input type="checkbox"/>
(Print name of parent or legal guardian)		
Signed: _____	Date: _____	
(Signature of parent or legal guardian)		
	School Name: _____	
<u>THIS FORM MUST BE WITNESSED.</u>	Witness: _____	
	(Print name of witness)	
Witness Signature: _____	Date: _____	
(Signature of witness)		

Note: Team members 18 or older may sign this form.

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