



MEDIA & LIABILITY RELEASE SIGNATURE PAGE

ALL ISEF Protocol Forms and these Signature Pages from a school **MUST** match the entries listed on the school's single Regional Entries Transmittal Form, which is **DUE** on Monday February 6, 2017. *(Teacher's Responsibility)*

ONLINE REGISTRATION DEADLINE:
February 6, 2017

PAPERWORK DEADLINE:
February 8, 2017

NAME OF EXHIBITOR(s)

BRIEF TITLE OF PROJECT *(for confirmation of identification...limited to 100 characters including spaces and symbols)*

LIABILITY & PUBLICITY RELEASE:

The student, sponsoring teacher, and parent/guardian hereby agree that they accept the following conditions:

- 1) I shall abide by **ALL** fair rules and procedures (*regional, state, and Intel ISEF*) or risk disqualification.
- 2) I understand that **sponsors, officials, & volunteers of the Fair are not responsible for loss/damage to the project.** It is recommended that each exhibitor take prudent precautions to prevent any theft, loss, or damage to his/her Exhibit and/or other property and to remove all portable, valuable components when the Exhibit is left unattended.
- 3) I agree to display the project for the ENTIRE Fair
- 4) I understand that that if the project is not removed by the published check out time, it will be discarded.
- 5) I (the teacher) agree to sponsor the student and assume responsibility for compliance with **ALL** existing Intel ISEF rules for the current year.
- 6) I (the teacher) agree to conduct a safety review of the project.
- 7) I understand that **the decision of Fair officials is final in the selection of winners.** I shall not be entitled to the contact information of Fair Officials nor shall I attempt to contact any Fair officials concerning selection of winners. The term "Fair officials includes but is not limited to any and all judges involved in the selection of winners.
- 8) I understand that any opinions expressed by judges and/or award donors are solely those of that individual/organization and do not represent the opinions of the UNM STEM-H Center for Outreach, Research and Education, its employees, or the University of New Mexico.
- 9) **I give permission to use appropriate information about me for public purposes** (including photos, videos, or likenesses that may be used by each Fair/Challenge or sponsors of awards) **for the purposes of illustrations, advertising, or publication in any manner. I also consent to use of my name therewith.** *The Regional & State Science & Engineering Fairs/Challenges are prestigious events and your presence there is newsworthy. The organizations and/or businesses sponsoring awards at the fairs may want to publicize their involvement in such an important science competition by using photographs/information about you. Your cooperation will help make it possible for other promising young students to get involved in research.*
- 10) In consideration of being permitted to participate in the Program, I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of my child's participation in the designated activity. I also release, waive, indemnify, hold harmless, and discharge UNM, its Board of Regents, its officers, employees or agents, from any and all claims, damages, and injuries arising out of my activities, including the use of equipment and facilities provided by UNM.

Teacher Signature

Teacher Printed Name

Date

Student Signature

Student Printed Name

Date

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

SUBMIT BY E-MAIL OR FAX
STEM-H CENTER for OUTREACH, RESEARCH & EDUCATION
scifair@unm.edu
(505) 277-5592 Fax

MUST BE RECEIVED IN OUR OFFICE BY February 8, 2017
Don't forget the \$25 Entry Fee, this Signature Form and any Protocol Forms.

SUBMIT IN PERSON:
EPSCoR
1312 Basehart Dr SE
Albuquerque, NM 87106

Wednesday, February 8, 2017
2:30 - 7:00 pm

NOTE: Bring forms to this location on 2/8/17 ONLY. If you want to drop off paperwork any other day, call our office at 277-4916.

Paperwork Day

Bring Student Entry Fee, Signature Forms for all Exhibitors and ISEF Protocol Forms for each project. **If our office has a student's forms on file because our SRC reviewed the project for prior approval, please note that on the Signature Form and be sure to confirm we have the paperwork when you come to drop off the Student Entry Fees and Signature Forms**

**MINOR PARTICIPANT
EMERGENCY CONTACT AND MEDICAL RELEASE FORM**

Name of Minor Participant: _____ **Date of Birth:** _____

Name of Parent or Legal Guardian: _____

Address: _____
Street Address
City
State
Zip

Home phone: _____ **Business Phone:** _____ **Cell Phone:** _____

Emergency Contacts/Authorized Pick-Ups: (required)

Please list other possible individuals who may be contacted in case of emergency if you are not available, and whether or not they are authorized to pick up the minor. Please note, any person not listed below WILL NOT be permitted to pick up the minor without written permission from a parent or legal guardian.

Name	Phone	Pick-Up?	Relationship to Minor
1.		YES / NO	
2.		YES / NO	
3.		YES / NO	

Medical Conditions/Allergies: (required)

If the minor has any condition that may require special treatment it is imperative that a medical provider is alerted. Please indicate below any on-going medical or emotional problems that may require special attention (e.g., epilepsy, allergies, asthma, disability, anxiety, depression, etc.) including medications currently taken. Use reverse side if necessary.

Medical Condition(s):	Medication/Dosage:	With Minor?
		YES / NO
		YES / NO
		YES / NO
Allergies:	Describe reaction:	Severity?
		LOW/MED/HIGH
		LOW/MED/HIGH

Primary Care Physician's Name: _____ **Phone:** _____

Health Insurance Company Name: _____ **Policy Number:** _____

I verify that all the information provided is correct and complete. I realize that participation involves an inherent potential risk. In the event of an emergency, I authorize the University of New Mexico ("UNM") and its agents or representatives to make arrangements as reasonably necessary to ensure my child's welfare. In the event of an emergency, permission is granted to UNM to authorize emergency transportation, emergency medical care and/or treatments and hospital care for the minor. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature of Parent/Legal Guardian

Print Parent/Legal Guardian Name

Date