

Student Participation Form

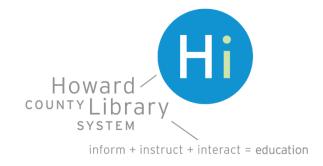
Dear Parent/Guardian:

Your child has registered with a team to participate in Battle of the Books (BOB) on Friday, April 21, 2017. While the event begins at 7 pm and concludes at approximately 10 pm, it may last longer if tie breaker rounds are needed.

Please complete both pages of this form (please use black ink and print clearly), and return it to Stephanie Shane, Howard County Library System Administrative Branch, 9411 Frederick Road, Ellicott City, MD 21042. You may also fax or email it to Ms. Shane's attention (fax: 410.313.7742; stephanie.shane@hclibrary.org) or return it to your child's coach to forward on your behalf. **In order to participate, these completed forms must be received by February 10, 2017.**

Name of Participant:				
_	Last	First	Middle Initial	
School:	Tea	m Name:		
Tel: (H)	(Parent Cell)	(Paren	(Parent Work)	
Parent Email:				
I,	, grant permiss	ion for my child,		
	, grant permiss on Friday, April 21, 2017, and agree venue <i>by 6 pm</i> , and (b) communication			
I further agree to the l	HCLS Photograph, Video & Audio I	Release on page 2.		
Signature of Parent/L	egal Guardian		Date	
Address				
		State	7in Code	





HCLS Photograph, Video & Audio Release

I grant Howard County Library System (HCLS) the unrestricted right to use my child's image, likeness, name, voice, comments, or other proprietary or public rights, in any publication, broadcast, telecast, photograph, video, audio sound, audiovisual and/or other recording taken in connection with Battle of the Books, or other transmission, distribution, public performance, or reproduction in whole or in part of Battle of the Books, for all purposes, worldwide, in perpetuity, and in any and all media (including digital, electronic, print, television, film and other media now known or to be invented), without compensation.

I agree that (1) the images may be combined with other images/audio, text and graphics, or otherwise modified, (2) HCLS is the exclusive owner of all copyrights and other proprietary rights relating to the above, and that HCLS may assign these rights, and (3) this release is binding upon my heirs and assigns and is irrevocable, worldwide, and perpetual.

I am at least 18 years of age and have the full legal capacity to execute this release.	
Signature of Parent/Legal Guardian	Date