

Release Form

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_____ I give my permission and the right to use my image, voice, performance, and/or name in the above named project and its duplication, distribution, exhibition, or in any work created as a result or in connection with the event, including future recruiting correspondence from Fairmont State University.

I release Fairmont State University from any liability or claims of injury or damages that might occur in connection with or as a result of the above event.

Name: _____
(Please print)

Signature: _____

Date of Birth: _____

Address: _____

Phone Number: _____ Date: _____

(If the above is a minor, under the age of 18)

Parent or Guardian: _____
(Please print)

Signature: _____