



SONIA KOVALEVSKY DAY CONSENT FORM

This form must be completed prior to participation in the Sonia Kovalevsky Day (“Event”). Please complete all fields, writing “N/A” if not applicable. Failure to complete this form in its entirety may result in the person being ineligible to participate in the Event.

PARTICIPANT INFORMATION

Name:
Grade:
Parent/Guardian Name:
Relationship to Participant:
Phone:
Emergency Contact (must be different than Parent/Guardian):
Emergency Contact Phone:
Group/Program Name (if attending with a group):
Group Contact Person & Phone:

PHOTOGRAPHY RELEASE

I understand that I may be photographed or recorded during my participation in Sonia Kovalevsky Day and that the photos, videos, and/or audio recordings may be used for marketing and promotional purposes and/or other digital media. I consent to the use of the Participant’s name, likeness, and voice, and waive any right to inspect or approve any images or recordings which may be used in connection with my participation in the Event. I understand that I will not be compensated for any such use.

MEDICAL TREATMENT AUTHORIZATION & WAIVER OF LIABILITY

I have been informed about and understand the nature of the event.