

## TARC 2014 Parent/Guardian Consent & Release Form

*A form must be completed for each student participant. Application will not be processed without receipt of all students' Parent/Guardian Consent Forms. It must be typed, or printed legibly. This section is to be completed and signed by a Parent or Guardian. If the student is 18 years of age or over they should complete and sign the form themselves.*

I authorize my child (Full Name of Child), \_\_\_\_\_  
to participate in the Team America Rocketry Challenge.

He/She attends \_\_\_\_\_ (school)

I certify that my son/daughter is in \_\_\_\_\_ grade and is \_\_\_\_\_ years old.

I hereby release Aerospace Industries Association and/or National Association of Rocketry and their respective member companies, affiliates, Board of Governors/Trustees, licensees and assigns from all claims, demands, liabilities, damages, costs and expenses that I may now or hereafter have against Aerospace Industries Association and/or National Association of Rocketry arising in connection with student's participation in the Team America Rocketry Challenge.

I hereby grant to Aerospace Industries Association and/or National Association of Rocketry and their respective member companies, affiliates, Board of Governors/Trustees, licensees and assigns the right to photograph and/or videotape and use the videotape and/or photograph of the below named student during participation in any events related to the Team America Rocketry Challenge and the right to use this media without further compensation to me or student or any limitation whatsoever.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Supervising Teacher/Adult: Robert Ekman

Organization/SchoolName: Explorer Post 1010

Address 1: c/o Lockheed Martin

Address 2: 9221 Corporate Blvd

City: Rockville State: MD Zip: 20850