

# The American Rocketry Challenge

## 2021 Parent/Guardian Consent & Release Form

*Either this paper form or the digital consent form must be submitted for each student participant. The team registration will not be processed without receipt of all students' Parent/Guardian Consent Forms. 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 American Rocketry Challenge.

They attend \_\_\_\_\_ (school). I certify that they are in \_\_\_\_ grade and was born on \_\_\_\_\_  
(month) \_\_\_\_\_ (day), \_\_\_\_\_ (year).

### Student Ethnicity (Optional): Check all that apply.

American Indian or Alaska Native       Asian       Black or African American       Hispanic  
 Native Hawaiian or Other Pacific Islander       White

I hereby release Aerospace Industries Association and/or National Association of Rocketry and their respective member companies, affiliates, Board of Governors/Trustees, officers, employees, 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 American 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 American Rocketry Challenge and the right to use this media without further compensation to me or student or any limitation whatsoever.

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

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

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

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

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

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

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_ Phone (mobile): \_\_\_\_\_

Please have The American Rocketry Challenge sponsors send my child information about scholarships, internships, and other career opportunities (optional)