

# American Rocketry Challenge: 2024 Parent/Guardian Consent & Release Form

This 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 physically or digitally signed (not typed) 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 (Child First & Last Name), \_\_\_\_\_ to participate in the American Rocketry Challenge. They attend \_\_\_\_\_ (school). I certify that they are in grade \_\_\_\_\_ and were born on \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year).

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

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

Gender (Optional): Male  Female  Non-Binary

Number of Siblings (Optional): \_\_\_\_\_

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

National Association of Rocketry (NAR)       4-H       Scouting BSA (including Venturing)  
 Girl Scouts of the USA       Civil Air Patrol       AFJROTC

Team Member's non-school email: \_\_\_\_\_

I hereby release Aerospace Industries Association, National Association of Rocketry, and/or Great Meadow Foundation, 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 National Association of Rocketry, and/or Great Meadow Foundation 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 (not typed): \_\_\_\_\_

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

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

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

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

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

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