## **Team America Rocketry Challenge 2019 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 <u>signed</u> by a Parent or Guardian. <u>If the student is 18 years of age or over they should complete and sign the form themselves.</u>

I authorize my child to participate in the Team Amer	(Full Name o ica Rocketry Challenge	,		
They attend	(school). I certi	fy that the	y are in grade and was bor	n on
(month) (day),	(year).			
Student Ethnicity (Optional):	Check all that apply			
American Indian or Alaska N	lativeAsi	an _	Black or African American	Hispanic
Native Hawaiian or Other Pa	acific Islander	White		
claims, demands, liabilities, dar Industries Association and/or Na the Team America Rocketry Cha I hereby grant to Aerospace In member companies, affiliates, E videotape and use the videotape	mages, costs and expensional Association of Illenge.  dustries Association and Board of Governors/Tree and/or photograph on the process of the content of th	enses that Rocketry a nd/or Nati ustees, lice f the below	fficers, employees, licensees and I may now or hereafter have a rising in connection with student onal Association of Rocketry and ensees and assigns the right to ply named student during participal of use this media without further	gainst Aerospace 's participation in  d their respective notograph and/or tion in any events
Parent/Guardian Name:				
Signature:				
Email:				
Address 1:				
Address 2:				
City:	State:		Zip:	
Phone (day):	Phone (evening):		Phone (mobile):	

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