

# PARENTAL CONSENT/MEDIA RELEASE FORM

I, (Mr., Mrs., Ms.) \_\_\_\_\_, the parent or legal guardian, of \_\_\_\_\_, give my consent for him/her to participate in East Windsor - Hightstown Science Symposium held at on March 29<sup>th</sup>, 2025 conducted by **EWHS Science Symposium** Committee.

I understand that I am responsible to always take care of my child at the venue. I am fully responsible for their actions as well as to comply with all the rules and regulations of **EWHS Science Symposium**. I understand that my child should be orderly, aptly dressed for the occasion, respect the facilities and environment, and not cause any damage including defacing the walls, rest rooms, furniture or other fixtures, or cause spills or leave garbage anywhere but in the containers designated for it. I understand that the venue should be left in same good condition as it was received initially.

I agree that my child can be photographed, or video recorded during the Science Symposium Event.

(Print Name of Parent or Legal Guardian)

Date:

(Signature of Parent or Legal Guardian)

(Print Name of the participant)

Date:

Please submit this consent form duly signed to the EWH Science Symposium team.  
(Email address: [ewhsciencesymposium@gmail.com](mailto:ewhsciencesymposium@gmail.com))