**PARENTAL CONSENT/MEDIA RELEASE FORM**

I, (Mr., Mrs., Ms.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent or legal guardian, of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my consent for him/her to participate in NBT Science Symposium held at North Brunswick High School on May 6th 2018 conducted by NBT Science Symposium Committee (A Service Project of Agraj Seva Kendra) in Association with North Brunswick Board of Education and North Brunswick, Department of Parks, Recreation & Community Services .

I understand that I am responsible to take care of my child at all times at the venue. I am fully responsible for their actions as well as to comply with all the rules and regulations of the 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/ videotaped 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 NBT Science Symposium team (email address: [sciencenbt@gmail.com](mailto:sciencenbt@gmail.com))