

BADGE # _____

School

ORIGINAL DUE SEPTEMBER 20, 2011 to:

Lisa W. Rawls/Academic Competitions/Garner Campus – North/Route B
Mailing Address: Academic Competitions/ PO Box 391/Bartow FL 33831-0391
(FAX: 968-5169)

CONSENT AND RELEASE

***The Polk County High School Academic Tournament
and its Sponsors***

**In consideration of representing my school during the current school year and
in consideration of being a recipient of an *Academic Excellence Scholarship*
and/or being a recipient of a *Janis James Colle Scholarship* as a member of the
Polk County All-Star Academic Team,**

and with knowledge that you intend to act in reliance hereon, I irrevocably give you, your subsidiaries, successors, assigns and licensees the absolute right and permission to copyright, use, publish and distribute all photographs in which I may be included for editorial, advertising, art or promotion, or for any lawful purpose whatsoever, without restrictions.

SIGNED _____ DATE SIGNED _____

PCHSAT Participant

NAME _____ Circle current GRADE: 9th 10th 11th 12th

PLEASE PRINT LEGIBLY

MAILING ADDRESS _____

CITY/STATE/ZIP _____

Previous E-Team and/or A-Team Experience: 5th 6th 7th 8th 9th 10th 11th
Please circle each grade level as appropriate.
DO NOT INCLUDE CURRENT GRADE LEVEL.

I, as parent or guardian of the **minor** who signed the above release, consent to the signing of such release, and agree to defend and hold the beneficiaries of the release harmless against any claim that the minor may take (before or after reaching the age of majority) because of the use of the photographs in any manner permitted by such release. I fully understand that the beneficiaries of the release are and will be relying upon my agreement and signature which are intended to induce them to accept the release.

SIGNED _____

Parent or Guardian

NAME _____ DATE _____

PLEASE PRINT LEGIBLY

MAILING ADDRESS _____

CITY/STATE/ZIP _____