

**Team Number** \_\_\_\_\_

## **PUBLICITY WAIVER**

I, \_\_\_\_\_, principal of  
(Name)

\_\_\_\_\_,  
(School Name)

give Millersville University and the Central Regional Science Olympiad permission to take photos or videos of all attendees from our school, including: students, coaches, and parents, and to use the photos so taken on the date noted below for publicity purposes for either Millersville University and/or the Central Regional Science Olympiad.

By this authorization, I understand and agree that no participant shall receive remuneration and that all rights, title and interest to the photos and use of them belongs to Millersville University.

I understand that it is my responsibility to inform all participants and their legal guardians of this agreement.

I also understand that members of the press may request interviews with attendees, and that the attendees have the right to decline such interviews. This agreement is in effect for February 29, 2020 for the Central Regional Science Olympiad competition held at Millersville University.

\_\_\_\_\_  
Signature of School Principal

\_\_\_\_\_  
Date

**This form must be brought to the competition on March 26, 2022.**