



PUBLICITY WAIVER

School Name: _____

Local Newspaper: _____

Email: _____

Local TV Station: _____

Email: _____

I, _____, being the PRINCIPAL or PARENT of
_____ HIGH SCHOOL or STUDENT

GIVE WISCONSIN SCIENCE OLYMPIAD, INC., 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 DATES NOTED BELOW FOR PUBLICITY PURPOSES FOR WISCONSIN SCIENCE OLYMPIAD, INC. NO ADDRESSES WILL BE ASSOCIATED WITH PHOTOS.

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 WISCONSIN SCIENCE OLYMPIAD, INC.

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.

Date _____ Signature of School Principal or Parent _____

This agreement is in effect for 2023-2024 Wisconsin Science Olympiad
Regional, Invitational and State Tournaments

THIS FORM MUST BE PRESENTED AT TIME OF REGISTRATION