

Return ASAP to Guice or Frisbie.

BADGE # _____

Bartow

School

~~ORIGINAL DUE SEPTEMBER 12, 2000 to:
Lisa W. Rawls/Academic Competitions/Carnor Campus - North/Route B
Mailing Address: Academic Competitions/ PO Box 994/Bartow FL 33094 0994
(FAX: 888 5100)~~

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.
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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 _____