

Boston University Regional Science Bowl

Adult Privacy Release Form

Year: _____

Summary

In carrying out this event, participants are often photographed, filmed, videotaped, or otherwise recorded to illustrate the kind of activities happening at the academic event. You, _____, may be photographed, filmed, videotaped, or otherwise recorded during participation at the Boston University Regional Science Bowl and we desire your permission to use any images or recording taken at this time to promote our training and educational programs and other activities. Any such image or recording may be included in such promotional materials as brochures, booklets, videotapes, reports, press releases, Web sites, and exhibits. If you agree to the use of any such image or recording, please sign the RELEASE FORM below and return it to:

The Science Bowl at Boston University
Boston University
590 Commonwealth Avenue
Boston, MA 02215

RELEASE FORM – ADULTS

To promote, evaluate, or otherwise describe science bowl training and educational programs and activities, I give permission to Boston University, and its agents, to use in connection with any publication (including but not limited to brochures, booklets, videotapes, reports, press releases, Web sites, and exhibits) any image or recording in which I, _____, appear, to use and cite any comment(s), verbal or written, made by myself about any Boston University program, and to use my name in connection with any publication and in such manner as determined by the Science Bowl at Boston University.

Signature: _____

Date: _____

Witness Signature: _____

Date: _____