



**COLLEGE of PHARMACY,
NATURAL & HEALTH SCIENCES**



Instructions to the Coach: Please make a copy for each team member and have it signed by a parent or guardian (or the student if 18 years or older). Please have each assisting adult sign one as well.

Release Form

Manchester University Science Olympiad Invitational

I hereby grant permission to Manchester University to take and use my/my minor child's photograph or video footage on its website, on social media sites or in other official publications without further consideration, and I acknowledge the University's right to edit or treat any photographs or video footage at its discretion. I also acknowledge that the University may choose to use my photo or video footage at any time and discontinue such use without notice. I also understand that once my image, whether photographic or video, is posted on any website, including Manchester University's website, the image can be downloaded by any computer user on or off campus.

The undersigned also acknowledges that Manchester University, its employees, and volunteers will be held harmless from any and all liability which could result in participating in this invitational.

Please print or type:

Participant Name: _____

Parent Name (if applicable): _____

Signature: _____