

**2019 NEVADA REGIONAL SCIENCE BOWL**  
**HOSTED BY THE NATIONAL NUCLEAR SECURITY ADMINISTRATION, NEVADA FIELD OFFICE**

**MEDIA RELEASE FOR STUDENT PARTICIPATION**

The **National Nuclear Security Administration Nevada Field Office** is the host of the 2019 Nevada Regional Science Bowl. As a part of this event, participants are often photographed, filmed, videotaped, or otherwise recorded to illustrate the kind of activities that occur at the event. My child, \_\_\_\_\_, may be photographed, filmed, videotaped, or otherwise recorded during the Nevada Regional Science Bowl, and we desire your permission to use any image or recording taken during the event to promote our training and educational programs and other activities. Any such image or recording may be included in promotional materials such as: brochures, booklets, videotapes, reports, press releases, website content, and exhibits. If you agree to the use of any such image or recording, please execute the **RELEASE FORM** below and return by **December 7, 2018** to:

Nevada Regional Science Bowl Coordinator, Kayla Buchanan  
Mission Support and Test Services  
P.O. Box 98521  
Mail Stop NLV003  
Las Vegas, NV 89193-8521

**RELEASE FORM - MINORS**

I hereby give permission to Mission Support and Test Services, or any successor thereto, National Nuclear Security Administration Nevada Field Office, and its agents, to use any image or recording in which my child, \_\_\_\_\_, a minor, appears, to use and cite any comment(s) verbal or written, made by said minor about the Nevada Regional Science Bowl, and to use said minor's name in connection with any publication or informational product and in any such manner as determined appropriate by the National Nuclear Security Administration Nevada Field Office and Mission Support and Test Services or any successor thereto.

\_\_\_\_\_  
(Print name of parent or legal guardian)

Signed: \_\_\_\_\_  
(Signature of parent or legal guardian)

Date: \_\_\_\_\_

School Name: \_\_\_\_\_

**THIS FORM MUST BE WITNESSED.**

Witness: \_\_\_\_\_  
(Print name of witness)

Witness Signature: \_\_\_\_\_  
(Signature of witness)

Date: \_\_\_\_\_

Note: Team members 18 or older may sign this form.

**NO FAX COPIES**