

# Stanislaus County Regional Science Olympiad

## Student Permission Form

NAME OF STUDENT \_\_\_\_\_ a student at \_\_\_\_\_ School  
Print or type first name and last name

living at \_\_\_\_\_  
street address city, zip phone

wishes to participate in the Stanislaus County Regional Science Olympiad to be held on Saturday, March 9, 2024. As his/her parent or guardian I do hereby release from all responsibility or liability the Stanislaus County Office of Education and hold them totally harmless for any incident or injury which may be incurred before, during, or following such event. Our signatures are shown below and we do hereby agree to follow all Science Olympiad rules and accept the interpretations and decision made by the event committee. We hereby authorize the Stanislaus County Office of Education to use and reproduce photograph/videotape my child for publicity and promotional purposes.

### STUDENT'S PLEDGE

I pledge to put forth my best effort in the Science Olympiad tournament and to uphold the principles of honest competition. In my events, I will compete with integrity, respect, and sportsmanship towards my fellow competitors. I will display courtesy towards Event Supervisors and Tournament Personnel. My actions will exemplify the proud spirit of my school, team, and state.

### PARENT'S PLEDGE

On behalf of the parents I pledge to be an example for our children by:

- respecting the rules of Science Olympiad
- encouraging excellence in preparation and investigation
- supporting independence in design and production of all competition devices
- respecting the decisions of event supervisors and officials
- promote academic integrity & good sportsmanship

Signed by:

Student Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Parent/Guardian: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Print name Signature