



CURRICULUM, INSTRUCTION & PROFESSIONAL DEVELOPMENT

Science Curriculum Office ■ Teacher Resource Center, Room 7 ■ 1299 E. 32nd Street ■ Signal Hill, CA 90755
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2012

**Long Beach Unified School District
SCIENCE FAIR Student Participation Agreement**

Congratulations on being chosen to represent your school at the districtwide Science Fair! With this honor and privilege comes responsibility. It is understood that all projects chosen for the fair must *be set up for viewing by 9:30 a.m. and must remain up until 12:00 noon*. Likewise, all students agree to remain *in attendance at the fair the entire time, from 9:00 a.m. to 12:15 p.m.* By signing below, you are agreeing to fulfill this commitment. If you are not able to agree, an alternate student will be chosen to participate.

Student's Name (PRINT): _____

School: _____

Event: LBUSD Annual District Science Fair

Date of Event: MAY 19, 2012

Method of Transportation: _____

Time of Event: 9:00 a.m. – 12:15 p.m.

REQUEST TO PARTICIPATE IN EVENT (Field Trip Permission)

I request that my child be permitted to participate in the **LBUSD Science Fair**. In consideration of his/her being permitted to participate, we agree as follows:

1. I acknowledge that this event, under certain circumstances, could pose some risks, and that my child is not required to participate in it to receive a class grade. I expressly request my child to voluntarily participate in the **LBUSD Science Fair**.
2. I understand and acknowledge that as provided in part in Education Code 35330, I waive and forever release and discharge the Long Beach Unified School District, the Board of Education and its officers, employees and agents from all liability, claims, loss, cost or expense arising from or attributable to the LBUSD Science Fair.

To the best of my knowledge, my child has no physical condition, which would interfere with his/her ability to participate in or attend the **LBUSD Science Fair** or would endanger his/her health or any other student's health.

MEDICAL AUTHORIZATION: Should my child need to have medical treatment while participating in this event, I hereby give the school district personnel permission to use their judgement in obtaining medical service for my child and I give permission to the physician selected by the school district personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the school district has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.

Signature of Parent/Guardian: _____ Date: _____

Student's Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Emergency Telephone: _____ Other Telephone: _____

PLEASE PROVIDE ANY SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ON THE REVERSE SIDE OF THIS PAGE.

CONSENT & RELEASE FROM LIABILITY (Videos/Photographs)

I hereby grant permission for the Long Beach Unified School District and those acting under its permission to copyright, use, publish, display, produce, duplicate, sell, and distribute the photographic, video, and sound recordings of me or my child taken at the **LBUSD Science Fair**. I further grant permission for the Long Beach Unified School District to use segments or portions of the product for announcements, informational film clips, or other uses necessary to provide information or advertisement of the **Science Fair**.

I hereby release, discharge, and agree to hold harmless the Long Beach Unified School District and those acting under its permission from any liability to the extent permitted by law, for the preparation, distribution, and use of the product.

Check ONE box.

- YES, permission is granted.
- NO, permission is not granted, and I hereby request a "DO NOT VIDEO OR PHOTOGRAPH" sign for student's entire school.

FOR MINOR PARTICIPANT UNDER AGE 18 – *Requires signature of parent or legal guardian.*

Signature of Parent/Guardian: _____ Date: _____

FOR STUDENT PARTICIPANT 18 YEARS OR OLDER

Signature of student 18 or older: _____ Date: _____

**THIS FORM IS REQUIRED TO BE COMPLETED TO PARTICIPATE IN THE SCIENCE FAIR.
RETURN IT TO YOUR SCHOOL'S SCIENCE FAIR COORDINATOR BY _____.**