

**MISSOURI ACADEMY OF SCIENCE
PRESS RELEASE FORM**

Deadline April 7, 2009

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WALLET SIZE
PICTURE WITH
YOUR PRESS
RELEASE
FORM**

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Please indicate your agreement to the foregoing by signing below.

Signature _____

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I represent that I am a parent/guardian of the minor who has signed the above release and that in that capacity Missouri Academy has my consent and authorization to use the name, voice and/or likeness as described above.

Parent/Guardian:

Signature _____

Print Name _____

Date _____

Send **one (1)** copy of this form to:

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