

Publicity Waiver

**2011 Kansas Junior Academy Annual Meeting
WICHITA STATE UNIVERSITY
May 5, 2011**

I grant permission to the directors, assistants, or other persons associated with Wichita State University and the Kansas Junior Academy of Sciences to use images of me taken at the State Meeting on May 5, 2011.

I understand that, if used, these images will be employed to promote Wichita State University, as well as current and future Kansas Junior Academy Meetings.

By this authorization, I understand and agree that I will NOT receive remuneration and that all rights, title and interest to the images and use of them belongs to the Wichita State University.

I also understand that members of the press may request an interview and that I have the right to decline such interview. This agreement is in effect on May 5, 2011 for the Kansas Junior Academy of Sciences Annual Meeting being held at Wichita State University.

I give my consent to the conditions that have been stated above.

DATE: _____

PARTICIPANT SIGNATURE: _____

PARTICIPANT NAME (PRINT): _____

ADDRESS: _____

City: _____, State: KS Zip: _____

PHONE: _____

If participant is under 18 years old, then his/her parents or guardian must sign below:

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN NAME (PRINT): _____