

RHODE ISLAND ACADEMIC DECATHLON

Student Team Member Consent and Release Form

Student Name (first and last) _____

Telephone: _____ Email: _____

Home Address: _____

City, State & Zip: _____

School Name: _____

My parent(s) or guardian and I, whose signatures appear below, hereby agree to follow the competition rules and to accept the interpretations and decisions made by the competition manager. I request permission to participate in the Rhode Island Academic Decathlon® (USAD) Competition to be conducted on March 20, 2016 at the Community College of RI in Warwick.

I have read and agree to adhere to the USAD Code of Conduct. _____ (Student Initial here).

I have read and agree to adhere to the Guidelines. _____ (Student Initial here).

My parent(s) or guardian and I hereby release from all liability and responsibility the Rhode Island Academic Decathlon Association and their Board of Directors and hold each of them harmless from any damage or injury which may be incurred or caused by me before, during or following any such competition, including travel.

We further consent to the release of information about or relative to my participation in competition activities, including scores, photographs, sound and video recordings and any other data. The USAD shall have full rights to reproduction and use of all such materials.

Following National Finals 2015, RIAD and USAD has permission to contact me regarding my participation in United States Academic Decathlon® (survey, alumni participation, etc.). We understand that the team coach is the official chaperone and that (s)he has full responsibility to make medical or other necessary decisions and that I and my parent(s) will be held responsible for any damages resulting from my behavior. I also authorize that my transcript and any other pertinent materials may be sent to the USAD for verification of my eligibility to participate in the Decathlon competition.

Student's Signature Date

Parent's/Guardian's Signature Date

As the Coach, Counselor or Administrator at the high school named above, I hereby indicate that the above named student meets the Decathlon requirements for the following category: ___Honor ___Scholastic ___Varsity

Counselor/Administrator Name Title

Counselor/Administrator Signature Date