

Mail or fax this consent form and photo release to: **NWO, Attn: OJSHS**

304 University Hall  
Bowling Green State University  
Bowling Green, OH 43403-0212  
419-372-5571 phone      419-372-2738 fax

**Please have your parents sign the form in addition to your signature.**

**Ohio Junior Science & Humanities Symposium (Ohio JSHS)  
Consent Form and Photo Release**

**Student FIRST & LAST Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Emergency Contact**

*Who do we contact in the event of an emergency on travel dates and during the symposium?*

**List TWO contacts in case we can't reach one.**

**Emergency Contact #1 Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

**Alternate Phone #:** \_\_\_\_\_

**Emergency Contact #2 Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

**Alternate Phone #:** \_\_\_\_\_

**PHOTO RELEASE**

I give the Ohio JSHS administrators permission to take and release my photograph to the media for the purpose of promoting the program of the **Ohio JSHS** and the **National JSHS**.

**Signature of Ohio JSHS Participant:**

**Signature of Parent or Legal Guardian**

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Affirmation of rules of conduct – Student participants**

Yes – I have read and agree to the below rules of **conduct** required for my registration and attendance at the Ohio JSHS.

1. I understand that the military has sponsored my participation in the Ohio JSHS due to my interests and achievements in the sciences, engineering, and mathematics. Accordingly, I pledge to fully participate in all symposium activities.
2. I pledge to be respectful of my peers, speakers, and other attendees at the symposium, and respect my roommate’s privacy. I understand that the objective of the symposium organizers is to provide a positive educational experience for all participants. I understand that should I behave in a disrespectful manner, both my chaperone and the designated staff of the Ohio JSHS will make appropriate decisions for the benefit of all participants. This decision could include dismissal from the symposium and return home at my parent’s expense.
3. I will not depart the symposium site without consent from **my chaperone and a designated representative of the Ohio JSHS.**
4. I understand that the use of alcoholic beverages, or other substances that are generally regarded to be detrimental or illegal, will not be tolerated at the Ohio JSHS. Use or possession will result in immediate dismissal from the symposium and return home at my parent’s expense.  
(continued- Please complete and sign the second page)

**Consent of parent/guardian for participation in OJSHS by minor son/daughter**

Yes – I have read the above rules of conduct for the Ohio JSHS and approve of my minor son’s/daughter’s participation. I further agree that should it become necessary to dismiss my child from the symposium, I will be liable for transportation costs to send my child home and release the Ohio JSHS from any liability resulting from the behavior of my child. I understand that the organizers of the event will make every effort to contact me should dismissal occur.

**Authorization for medical care while attending the symposium  
(to be completed by parent/guardian of minor child)**

Yes – I hereby authorize licensed clinical staff used by the organizers of the Ohio JSHS to provide care that includes routine diagnostic procedures (X-rays, blood and urine tests) and routine medical treatment as necessary to my minor son/daughter. I understand that the consent and authorization herein granted does not include major surgical procedures and are valid only during the symposium. Should my minor son/daughter require emergency surgical procedures, I understand that I must provide emergency contact information to the Ohio JSHS so I can be contacted during my child’s attendance at the symposium.

**Medical insurance information for payment of emergency medical care**

Medical insurance provider \_\_\_\_\_ Policy # \_\_\_\_\_

Policy holder \_\_\_\_\_

**Signature of Ohio JSHS Participant:**

**Signature of Parent or Legal Guardian**

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_