NDSU OFFICE OF TEACHING

STUDENT REGISTRATION & RELEASE FORM

Student's Name

REGISTRATION FORMS ARE DUE FEBRUARY 29TH, 2016!

Questions about this form?

or email elliott welker@ndsu.ed

Registration is free. The Avenues of Scientific Discovery event will take place on April 7, 2016, during three hour time blocks at NDSU's main campus. The due date to register for the event is February 29. More information about the event can be found at: http://avenuesofscientifi.wix.com/aosd

| School Name | | - 100 mm |
|---|---|--|
| Grade | | |
| A PARENT OR GUARD | IAN MUST SI <mark>GN THIS FO</mark> F | RM FOR A STUDENT TO BE REGISTERE |
| | | e North Dakota State University, its officers, agents, employees, andersigned. In consideration of being permitted to participate in: |
| the risks and responsibilities surround harmless, release and forever dischar | ding my participatio <mark>n t</mark> herein, a <mark>nd further</mark> ge NDSU from and against any and all lia | ards inherent in the above activity, does hereby agree to assume r, do for myself, my heirs, and personal representatives, hold ability, damages, claims, demands, actions, or causes of actions, cay result from my participation therein whether caused by the |
| of the releases or otherwise while in, | | ry, death or property damage due to the negligence while participating in the above described event. |
| PARENT/GUARDIAN Signature | Printed PARENT/GUARDIAN Name | |
| PARENT/ GOARDIAN Signature | Filited PARENT/OUARDIAN Name | |
| DATE | PHONE NUMBER | |
| Please indicate if photographs of your chi (without names): | ld or other reproductions of your child's likene | ess may be used in future AoSD materials, including AoSD websites |
| YESNO | | |

Please returned signed release forms to your instructor/school counselor.