

American Rocketry Challenge: 2024-25 Parent/Guardian Consent & Release Form

This consent form must be submitted for each student participant. The team registration will not be processed without receipt of all students' Parent/Guardian Consent Forms. This section is to be completed and physically or digitally signed (not typed) by a Parent or Guardian. If the student is 18 years of age or over they should complete and sign the form themselves.

I authorize my child (Child First & Last Name), _____ to participate in the American Rocketry Challenge. They attend _____ (school). I certify that they are in grade _____ and were born on _____ (month) _____ (day) _____ (year).

Student Race: Check all that apply.

American Indian or Alaska Native Asian Black or African American Hispanic or Latino
 Middle Eastern or North African Native Hawaiian or Pacific Islander White Decline to Disclose

Gender: Male Female Non-Binary Decline to Disclose

Number of Siblings: _____ Decline to Disclose

Student Involvement: Check all that apply.

National Association of Rocketry (NAR) 4-H Scouting America (including Venturing)
 Girl Scouts of the USA Civil Air Patrol AFJROTC

I hereby release Aerospace Industries Association, National Association of Rocketry, and/or Great Meadow Foundation, and their respective member companies, affiliates, Board of Governors/Trustees, officers, employees, licensees and assigns from all claims, demands, liabilities, damages, costs and expenses that I may now or hereafter have against Aerospace Industries Association National Association of Rocketry, and/or Great Meadow Foundation arising in connection with student's participation in the American Rocketry Challenge.

I hereby grant to Aerospace Industries Association and/or National Association of Rocketry and their respective member companies, affiliates, Board of Governors/Trustees, licensees and assigns the right to photograph and/or videotape and use the videotape and/or photograph of the below named student during participation in any events related to the American Rocketry Challenge and the right to use this media without further compensation to me or student or any limitation whatsoever.

Parent/Guardian Name: _____

Signature (not typed): _____

Parent Email: _____

Team Member's Email: _____

Team Member's Alternate Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (day): _____ Phone (mobile): _____ Phone (evening): _____

Please have the American Rocketry Challenge sponsors send my child information about scholarships, internships, and other career opportunities. (Check to opt-in)