



**RESEARCH THE POSSIBILITIES....**  
THE TWELFTH ANNUAL  
NCSSSMST STUDENT RESEARCH SYMPOSIUM  
June 2-5, 2005

**PUBLICATIONS RELEASE FORM**

**Please have your parent or guardian sign this form and return it to your accompanying teacher by May 10, 2005 to be faxed.**

I hereby authorize Villanova University and the members of its staff to take appropriate photographs, audio recordings, television recordings and/or live television transmissions of myself in whole, or in part, as they or members of the staff may wish, and to use and publish the same in appropriate places and publications, and to appropriate persons as the said Villanova University or its staff in its or their sole discretion consider to be of benefit to said University, education, profession, or the public at large.

I hereby waive, under the above conditions, those rights that I may have to inspect and/or approve the finished product that may be used hereunder or the specific use to which it may be applied.

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**DATE**

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**PARTICIPANT**

I have read, and do understand this release and I voluntarily allow my son/daughter to participate in this event.

\_\_\_\_\_  
**DATE**

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**PARENT OR GUARDIAN**

PLEASE FAX TO 610-519-6450, ATTENTION GINA SEMENTELLI