2024 RELEASE FORM – NJ POSTER CONTEST

**This form must be securely fastened to the back of the poster**

Student’s Name________________________________________

Student’s Home Address____________________________________

City________________________________ State_________ Zip Code__________

Grade________________

Telephone Number (_____ ) ______________________

Student Email________________________________________

Parent/Guardian Email ____________________________

Teacher/Contact____________________________________

School/Organization________________________________

School/Organization Address______________________________

City________________________________ State_________ Zip Code__________

Telephone Number (_____ ) ______________________

Teacher/Contact Email________________________________

I hereby certify that this poster was created entirely by the student above and is the student’s original artwork and there are no copyrighted characters used. I agree that it may be offered for public display or publication at some time during or after the contest. I understand that this poster becomes the property of the Pennsylvania Society for Biomedical Research (PSBR) and the New Jersey Association for Biomedical Research (NJABR) and may be reproduced. The only information that may be released is the student’s name, school, or grade.

__________________________________________________________
Signature of Student

__________________________________________________________
Signature of Parent/Guardian or Sponsor/Teacher

__________________________________________________________
Print Name

__________________________________________________________
Print Name

__________________________________________________________
Date

__________________________________________________________
Date