



Photo Release Form

I give permission to the University of Ontario Institute of Technology to use my image collected as part of the Faculty of Engineering and Applied Science Robotics Competition and the workshops associated with that event in any of their promotional materials such as advertisements, publications, posters, Website, etc.

Name _____

Age as of 14 November 2015 _____

School/Team _____

E-mail Address _____

Phone _____ Cell _____

Signature _____ Date _____

If under 18 years of age, a signature of a parent or guardian is required.

I give my permission to the University of Ontario Institute of Technology to use the image of my son/daughter collected as part of the Faculty of Engineering and Applied Science Robotics Competition and the workshops associated with that event in their promotional materials.

Parent's name _____

Signature _____ Date _____