

WASHINGTON-SARATOGA-WARREN-HAMILTON-ESSEX BOCES  
 ODYSSEY OF THE MIND REGIONAL COMPETITION  
 SATURDAY, MARCH 6, 2010  
**Hudson Falls High School, Hudson Falls, NY 12839**

## Photo Release Form

**Photo Release** – Your signature on this form permits the WSWHE BOCES and sponsors of the Odyssey of the Mind Program in New York State to use photographs of participants in public showings for publicity and/or promotional purposes.

Persons under 18 years of age must have the consent of a parent or guardian. Please have parents sign under the photo release.

COACH NAME(S) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
 DISTRICT \_\_\_\_\_ BUILDING \_\_\_\_\_  
 TELEPHONE NUMBER \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 NATIONAL REGISTRATION NUMBER \_\_\_\_\_

Names of Student Participants:	Grade:	Photo Release (Needs parent signature)
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Please designate the problem you have prepared for competition and indicate the division (remember- division is determined by Grade of oldest participant)

- |                                 |                                |               |                |
|---------------------------------|--------------------------------|---------------|----------------|
| 1. Nature Trail'R               | Div. I _____                   | Div. II _____ | Div. III _____ |
| 2. Return to the Gift of Flight | Div. I _____                   | Div. II _____ | Div. III _____ |
| 3. Discovered Treasures         | Div. I _____                   | Div. II _____ | Div. III _____ |
| 4. Column Structure             | Div. I _____                   | Div. II _____ | Div. III _____ |
| 5. Food Court                   | Div. I _____                   | Div. II _____ | Div. III _____ |
| 6. (PRIMARY) "Surprise Party"   | _____ (For Demonstration Only) |               |                |

I certify that to my knowledge this team meets all requirements of the competition and has adhered to all imitations associated with the problem as stated. Our team has discussed the importance of good sportsmanship and will do our best to participate in the spirit of celebration of creativity in all teams.

Signature of Coach \_\_\_\_\_ Coach's Home Phone Number \_\_\_\_\_

Your team indicated that they will allow photographs. We need parent signatures to enable us to photograph your teams. Please return by January 15, 2010 to: C. Snell, Regional Coordinator for Odyssey of the Mind, WSWHE BOCES, Plaza 15, 27 Gick Road, Saratoga Springs, NY 12866. Register your team online at [odysseyofthemind.com](http://odysseyofthemind.com) and click on member area. Use your membership number and, for most of you, please use our zip code, 12866, to log in. Team registration will be one of the options.

