

PICTURE CONSENT FORM

BUTLER UNIVERSITY SCIENCE OLYMPIAD REGIONAL TOURNAMENT

I grant permission to the directors, assistants, or other persons associated with Butler University to use images of me taken throughout the duration of the Butler University Science Olympiad Regional Tournament on Saturday, February 22nd, 2025.

I understand that, if used, these images will be employed to promote Butler University, as well as current and future Science Olympiad tournaments.

I give my consent to the conditions that have been stated above.

Date: _____

Student Name (print): _____

Student Signature: _____

Parent's Signature: _____