



CONSENT FORM

I give BotsIQ Southwestern PA and its partner organizations and companies (list of partner organizations available upon request) permission to use my name and any photo and / or video in which I appear to promote the BotsIQ Southwestern PA program without further compensation or permission, except where prohibited by law. I understand also that photos and / or video may be made available to print, video, internet and other media.

I understand that photos and / or video clips may be captioned and that the caption may include, when appropriate, my first and last name, employer or school. No student's personally identifiable information will be published by BotsIQ Southwestern PA or its partner organizations or shared with third parties unless a parent or guardian has provided written authorization.

Therefore, I release BotsIQ Southwestern PA from any liability or claimed liability in connection with this release.

Volunteer's Name (Print Name)

Volunteer's Signature

Date

Student's Name (Print Name)

Parent/Guardian (Print Name)

Parent/Guardian Signature

Date