

Please print the  
Presenter/Tech form and the  
Student Code of Behavior  
back-to-back.

## PJAS STATE MEET PRESENTER / TECHNICIAN FORM

Name: \_\_\_\_\_

School: \_\_\_\_\_

I am a (circle): PRESENTER    TECHNICIAN    Gender (circle): MALE    FEMALE

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Birthday (m/y): \_\_\_\_\_

Registered Email: \_\_\_\_\_ Grade: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Chaperone's Name (if different from Sponsor): \_\_\_\_\_

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Circle your choice:

- |   |          |
|---|----------|
| <input type="checkbox"/> TOTAL PACKAGE (3 Day & Bus Transportation) | \$225.00 |
| <input type="checkbox"/> 3 Day, NO Bus Transportation               | \$160.00 |
| <input type="checkbox"/> One Day                                    | \$115.00 |

**ROOMMATE CHOICE:** \_\_\_\_\_

If roommate choice is from a different school, record the name of their school behind their name.

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**PJAS States**

**PJAS State Presenter/Technician Permission Form  
2022**



**Student:** \_\_\_\_\_

**First**

**Last**

**School:** \_\_\_\_\_ **Sponsor:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Birth Date (MM/DD/YYYY):** \_\_\_\_\_ **Region** \_\_\_\_\_

We certify that this research has been conducted by the student in accordance with the International Science and Engineering Fair rules as adopted by the Pennsylvania Junior Academy of Science. We further agree to accept the Judge’s evaluation of this research as final.

In consideration of the furtherance of your purpose, objectives, and work and in consideration of your permitting me to participate in the PJAS regional meeting and state meeting on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights for damages I may have against you now and in the future, the school district I attend, and the Pennsylvania State University as well as any other persons connected with the Pennsylvania Junior Academy of Science Regional Meeting and State Meeting, their heirs, executors, administrators and assigns for any and all injuries which I may suffer while taking part in the Pennsylvania Junior Academy of Science regional Meeting and State Meeting or as a results thereof. **PJAS cannot guarantee that you will not be exposed to Coronavirus during your visit.** The CDC advises that some people are more likely than others to become severely ill, and some people are at a higher risk of exposure to Covid-19. Guests should evaluate their own risk in determining whether to attend. People who show no symptoms can spread Covid-19 if they are infected, and any interaction with the general public poses an elevated risk of being exposed to Covid-19. By participating in all PJAS activities, you acknowledge and agree that you assume these inherent risks associated with attendance.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_ Date \_\_\_\_\_

**Note: This form may not be altered. The signatures of student, parent, and sponsor are required. If the permission form is missing, the student will not be allowed to compete.**

**Photo Release:** PJAS is making an effort to promote the positive achievements of our participants. We seek your permission for PJAS to take photographs of your child in connection with the PJAS Regional and State competitions and your authorization for PJAS to copyright, use, and publish the same in print and/or electronically. PJAS will not identify your child by name in the photographs.

\_\_\_\_\_ I give PJAS permission to photograph my child under the above guidelines.

\_\_\_\_\_ I request that PJAS does not photograph my child.

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_