

Battle of the Books **Student Participation Form**

Dear Parent/Guardian:

Your child has registered with a team to participate in the Battle of the Books (BOB) event on the evening of Friday, April 19, 2024.

Please complete both pages of this form (please use black ink and print clearly), and:

- mail it to: The BOB Team, Howard County Library System Administrative Branch, 9411 Frederick Road, Ellicott City, MD 21042; or
- fax it to the BOB Team's attention at 410.313.7742; or
- scan and email it to bob@hclibrary.org; or
- return it to your child's coach to forward on your behalf.

In order to participate, these completed forms must be received by February 5, 2024.

Name of Participant:			
-	Last	First	Middle Initial
School:		Team Name:	
Parent/Guardian phone:			
Parent/Guardian Email:_			
I,	, grant	permission for my child,	
child's coach. I acknowle result in event cancellation the benefit of my student	edge there are conditions on or modification, include t, team, and school.	beyond the control of HCLS, H	cate any last-minute changes to my HCPSS, and MACC which could ree to model good sportsmanship fo
Signature of Parent/Lega	l Guardian		Date
City		State.	Zin Code



HCLS Photograph, Video & Audio Release

I grant Howard County Library System (HCLS) the unrestricted right to use my/my child's image, likeness, name, voice, comments, or other proprietary or public rights, and that any publication, broadcast, telecast, photograph, video, audio sound, audiovisual and/or other recording taken in connection with any HCLS class, event, or other transmission, distribution, public performance, or reproduction in whole or in part of the class or event, may be used for all purposes, and in any and all media (including digital, electronic, print, television, film and other media now known or to be invented), without compensation.

I agree that (1) the images may be combined with other images/audio, text and graphics, or otherwise modified, and (2) HCLS is the exclusive owner of all copyrights and other proprietary rights relating to the above, and that HCLS may assign these rights.

I am at least 18 years of age and have the full legal capacity to execute this release.	
Signature of Parent/Legal Guardian	Date