



STUDENT RELEASE

Project: American Academy of Forensic Sciences Student Academy Day
Tuesday, February 14, 2017

Location: Hyatt Regency New Orleans
New Orleans, LA

I hereby assign and grant to the American Academy of Forensic Sciences (AAFS) the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made of me, and I hereby release AAFS and its agent, üli Creative LLC (agent), from any and all liability, claims, or demands from such use or publication.

I also understand that members of the media may attend Student Academy Day and may interview teachers, forensic scientists, and students for print, electronic, and broadcast news stories. Footage, interviews, and photos secured by the media for stories will be used at the discretion of the media outlet. I understand that AAFS and its agent will not be responsible for any story content as created by individual media outlets and I hereby release them from any and all liability, claims, and demands arising therefrom.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of AAFS or its agent and I specifically waive any right or claim I may have to compensation for the foregoing.

Student Name (Please Print)

Student Signature & Date

Parent Name (Please Print)

Parent Signature & Date

_____ My child will attend the 2017 AAFS Student Academy; however, I elect not to have him/her photographed or interviewed. I understand that he/she will be provided a separate identifying label to wear which states "No Photos/Interviews."

While the Academy will make every effort to accommodate most food-borne allergies or dietary preferences*, the facility may or may not be able to address all categories. Please provide specific requests on the line below (including vegetarian or vegan preferences):

Food Allergies: _____

*Options for allergy/preference choices submitted after January 6, 2017, may or may not be accommodated.

**This signed release will be archived at the AAFS offices located in
Colorado Springs, CO.**

American Academy of Forensic Sciences
410 North 21st Street, Colorado Springs, CO 80904
(719) 636-1100



American Academy of Forensic Sciences Student Academy Session Anti-Bullying Agreement

The American Academy of Forensic Sciences Student Academy Session is committed to providing a safe educational environment for all participants – free from harassment, intimidation, or bullying.

Bullying means any intentional written, electronic, verbal, or physical act against another person. Examples of bullying are:

- Placing a participant in fear of substantial harm to his/her emotional or physical well-being.
- Creating a hostile, threatening, humiliating, or abusive environment due to persistent actions.
- Perpetuating bullying by soliciting or coercing an individual or group to demean, dehumanize, embarrass, or cause emotional or physical harm to another student.

Bullying causes pain and stress to victims and is never justified or excusable as “just teasing.” A zero tolerance policy is enforced with regards to physical aggression. Any participant who commits an act of physical aggression against another participant, staff member, or anyone else will be removed from the Student Academy Session. As a parent or guardian, you will be responsible for picking-up your child upon dismissal. Any participant who is dismissed for disciplinary reasons will not be allowed to return for the remainder of the program.

Refunds are not given for any participant who is sent home or removed from the program for disciplinary reasons.

By signing below, I am stating that I have read and agree to abide by all policies contained within the anti-bullying policy and behavior agreement. Furthermore, I certify that I have discussed the policy, its meaning, and consequences, with my child or children.

Participant Name (print): _____

Parent/Guardian Name (print): _____

Parent/Guardian Emergency Contact Phone/Cell Number: _____

Parent/Guardian Signature: _____

Date

Please submit this form by January 6, 2017, by scanning and emailing it to amaresh@aafs.org or by fax to (719) 636-1993.