

Certification and Release Form

INSTRUCTIONS: This form must be completed with inked signatures, scanned and saved as a PDF document, and uploaded to the ScholarOne submission site along with your essay. All essay applicants must complete Sections I. and II. If you have not reached the age of legal majority in your country of residence, you must also complete Section III. *Section III is not required for students who have reached the age of majority in their country of residence.*

APPLICANT INFORMATION

FIRST Name:		LAST Name:	
Phone Number:		E-mail Address:	
Age at time of Submission:		Grade Level:	
School Name:		School Address:	

Section I: Student Certification and Release of Liability

I certify that all of the information given in the application is correct and has been completed by me. I certify that I worked independently on my essay, and I am its sole author without collaboration from peers, parents/guardians, instructors, advisors/mentors, or others. I certify that I have read and fully understand the eligibility requirements as outlined in the essay contest guidelines and that I satisfy all of them. I understand that the essay and any answers I provide in the application may be used for the purposes of the New Frontiers in Astronomy and Cosmology Project and will not be returned to me. I understand that I may be asked to complete a voluntary survey about my experience with the contest and its potential impacts approximately one year after the contest.

If I am chosen as a winner or honorable mention and participate in the Award Ceremony in Philadelphia, Pennsylvania, U.S.A., **October 12 and 13, 2012**, I understand that my participation in the Award Ceremony may involve risks. If I have reached the age of legal majority in my country of residence, in consideration of my receipt of the all-expense-paid trip to the Award Ceremony, I hereby release, waive and discharge the New Frontiers in Astronomy and Cosmology Project, the University of Chicago, its affiliates, and their respective trustees, officers, agents and employees from any and all liability, claim, damages and losses arising out of or in connection with the Award Ceremony, including, without limitation, any loss, damage or injury arising while traveling to and from other countries, traveling to and from cities and towns within and outside of the United States of America, or arising from weather, strikes, acts of God, force majeure, civil unrest, war, terrorism, quarantine, criminal activity, accident, sickness, injury or death or other circumstances beyond the control of the New Frontiers in Astronomy and Cosmology Project, that may be sustained by me, or to any property belonging to me, while traveling to or from the Award Ceremony or attending the Award Ceremony. I understand that this release of liability is effective only if I have reached the age of majority in my country of residence. If I have not, this release shall have no force or effect and the New Frontiers in Astronomy and Cosmology Project will instead rely on the release by my parent/guardian in Section III.

Signature of Student Applicant

Date

Section II: Instructor's/Mentor's Certification and Release

I have read the eligibility requirements as outlined in the essay contest guidelines and I certify, to the best of my knowledge, that _____ has satisfied all of them, has worked independently on his/her submission, and is in good academic standing.

Signature of Instructor/Mentor

Date

Print Full Name of Instructor/Mentor

Title of Instructor/Mentor

Institution of Instructor/Mentor

Phone Number of Instructor/Mentor

E-mail Address of Instructor/Mentor

Section III: Parent/Guardian Certification and Release of Liability

I consent to my child or ward, _____, participating in the New Frontiers in Astronomy and
Print Full Name of Child

Cosmology Essay Contest. If my child is chosen as a winner or honorable mention, I consent to his/her participation in an all-expense-paid trip to an Award Ceremony in Philadelphia, Pennsylvania, U.S.A., **October 12 and 13, 2012**. I understand that my child's participation in the Award Ceremony may involve risks. In consideration of my child/ward's receipt of the all-expense-paid trip to the Award Ceremony, I hereby release, waive and discharge the New Frontiers in Astronomy and Cosmology Project, the University of Chicago, its affiliates, and their respective trustees, officers, agents and employees from any and all liability, claim, damages and losses arising out of or in connection with the Award Ceremony, including, without limitation, any loss, damage or injury arising while traveling to and from other countries, traveling to and from cities and towns within and outside of the United States of America, or arising from weather, strikes, acts of God, force majeure, civil unrest, war, terrorism, quarantine, criminal activity, accident, sickness, injury or death or other circumstances beyond the control of the New Frontiers in Astronomy and Cosmology Project, that may be sustained by me or my child, or to any property belonging to me or my child, while traveling to or from the Award Ceremony or attending the Award Ceremony.

I have read the eligibility requirements as outlined in the essay contest guidelines, and I certify that my child/ward has satisfied all of them and has worked independently on his/her submission. I hereby grant to the New Frontiers in Astronomy and Cosmology Project permission to use, copy and publicly disseminate the essay and any answers my child/ward provided in the application for the New Frontiers in Astronomy and Cosmology Project. I also hereby grant to the New Frontiers in Astronomy and Cosmology Project, its affiliates, agents and independent contractors, permission to use my child/ward's name, likeness, and biographical information in advertising and promotional materials (in whatever medium) for purposes of advertising or promoting the New Frontiers in Astronomy and Cosmology Project. I understand that my child/ward may be asked to complete a voluntary survey about his/her experience with the contest and its potential impacts approximately one year after the contest, and possibly in subsequent years. I understand that my child may opt-out of receiving any requests to complete the survey. I acknowledge and agree that I will have no right of approval, no claim to any compensation, and no claim arising out of the use of my child/ward's submission, name, likeness, or biographical information in connection with the exercise of the rights granted to the New Frontiers in Astronomy and Cosmology Project under this certification.

Signature of Parent/Guardian

Date

Print Full Name of Parent/Guardian

Phone Number of Parent/Guardian

E-mail Address of Parent/Guardian

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US AT bigquestions@odjob.uchicago.edu