

MUSEUM OF SCIENCE FICTION COMPETITION PARENTAL CONSENT FORM

Child's full name ("Entrant")
Date of birth (MM/DD/YY)
Grade Level

By checking this box, the Entrant has my consent and permission for items 1-5 below.

1. Enter and participate in the Museum of Science Fiction Competition ("Competition"). I acknowledge that I have read and understand the attached Competition Rules, and that I and the Entrant will be bound by these Competition Rules.
2. Allow the Entrant's name and age to be displayed along with their Entry.
3. Participate in any media or promotional events, including any possible winner ceremonies, media interviews, and publicity events, related to the Competition.
4. I confirm that if the Entrant is a citizen or legal permanent resident of the United States, we will report any prize winnings to all relevant federal, state, and local tax authorities.
5. Privacy Disclaimer: Any personal information collected during the course of the Competition by the Museum of Science Fiction will be used for administering this competition and for future mailings about Museum of Science Fiction events, or as otherwise set out in the Museum's Privacy Policy. Except where prohibited by law, participation in the Competition constitutes the Entrant's and his or her parent's/legal guardian's consent to the storage, use and disclosure of the Entrant's entry details as set out in the Competition Rules and the Privacy Policy.

Parent and/or Legal Guardian Contact Information

Number/Street Address and Apt. #
City, State, ZIP Code
Telephone and fax numbers (work/residence)
Full name and signature of parent and/or legal guardian