IUPAP 100 PHOTO CONTEST

AUTHORIZATION OF MINORS

I, .......................................................................................................................... (father, mother or guardian of the photographed minor)
authorize ............................................................................................................ (author of the photograph) to use and disseminate the photographic image of my son/daughter ............................................................................................................ in the framework of the presentations made in the IUPAP 100 PHOTO CONTEST. I also declare to know and accept the rules of the contest and the activities that will be implemented with the participating photographs. I hereby expressly waive any claim against the Organizing Institution of the Contest, and any circumstance or dispute between the undersigned and the person authorized to use the image shall not be enforceable against IUPAP, the International Union of Pure and Applied Physics.

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SIGNATURE AND FULL NAME (father, mother or guardian of photographed minor)
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Photo Title and Nickname of submitter(s):
(if more than one person must give their authorization for a given photo, please combine all the signed authorizations in a single pdf for uploading).

https://iupap.org/centennial/satellite-events/photo_contest