******Noche de Ciencias Sign-in, Media Release, & Waiver Form**

**[Insert Date] at [Insert Location]**

**[Insert SHPE Chapter Name]**

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* Use, reproduce, exhibit and/or distribute these recordings in any medium (e.g. print publications, video tapes, CD-ROMs, Internet) for the purpose that SHPE, Inc. and the SHPE Foundation and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

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| **STUDENT INFORMATION**  | **PARENT/GUARDIAN INFORMATION** |
|  | **Student Name**  | **Grade** | **Birthday** | **Parent/Guardian Name** | **Parent/Guardian Signature** |
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**Noche de Ciencias Registro y Consentimiento para Medios de Comunicación**

**[Insert Date] at [Insert Location]**

**[Insert SHPE Chapter Name]**

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| **INFORMACION DE ESTUDIANTES** | **INFORMACION DE PADRES Y GUARDIANES** |
|  | **Nombre** | **Grado** | **Cumpleaños** | **Padre/Guardian** | **Firma del Padre/ Guardian** |
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