To complete this form, select the top gray box and complete. Then "Tab" to all gray boxes and complete. Secure appropriate signatures. Gray shading will not print.

Student Permission Form

UNITED STATES ACADEMIC DECATHLON ®

Texas Academic Decathlon

I, , now a student at High School in the grade, living at (*address)* , *(city, state)* , *(zip)* hereby request participation in the United States Academic Decathlon ® (USAD) and the Texas Academic Decathlon to be conducted at various locations in the State of Texas during the school year and at Nationals if my team qualifies. My parent or guardian, my coach and I, whose signatures appear below, hereby agree to follow the competition rules and to accept the interpretations and decisions made by the competition management. ***I have read and agree to adhere to the USAD Code of Conduct and the Texas Academic Decathlon Code of Conduct. I agree to adhere to the highest standards of honesty and integrity in participating in all Academic Decathlon competitions. I further agree to participate in any tests validating the test results deemed necessary or appropriate by the USAD and/or the Texas Academic Decathlon.***

My parent and I hereby release from all liability and responsibility the USAD, the Texas Academic Decathlon, the school district/competition site hosting the meet and its respective Boards of Directors and hold each of them harmless from any damage or injury which may be incurred or caused by me before, during, or following any such competition, including travel. We further consent to the release of information about or relative to my participation in competition activities, including scores, photographs, sound and video recordings, and any other data. The USAD and Texas Academic Decathlon shall have full rights to reproduction and use of all such materials in perpetuity.

We understand the team coaches are the official chaperones and that they have full responsibility to make medical or other necessary decisions, and that I and my parents will be held responsible for any damage resulting from my behavior. I also authorize my transcript and any other pertinent materials to be sent to Texas Academic Decathlon state office and USAD for verification of my eligibility to participate in the Decathlon competition.

_____	_____
Signature of School Administrator	*Date*
_____	_____
Signature of Student	*Date*
_____	_____
Signature of Parent / Guardian	*Date*
_____	_____
Signature of Coach	*Date*

Please indicate name preference for student ID and certificate:

Please return this Release to your Counselor who will complete your registration.