



Salem, Oregon, Branch

STUDENT APPLICATION AND PARENT/GUARDIAN PERMISSION

Student Name: _____

Email: _____ **Phone:** _____

High School Attending: _____ **Grade:** _____

School Advisor/Counselor: _____

Home School: _____

My signature below certifies that I wish to participate in the AAUW of Salem Speech Trek Contest and that I have received and read the contest information.

Signature: _____ **Date:** _____

PARENT/GUARDIAN INFORMATION AND PERMISSION

Name: _____

Address: _____

Email: _____ **Phone:** _____

My signature below certifies that I have read the rules for the speech contest and wish for my child to participate in the AAUW of Salem Speech Trek Contest. In addition, I understand that my child's name may be publicized locally as a contest participant, and that the speech will be recorded for later broadcast of the winning speeches on a local radio station.

If my child is selected as the 1st place winner or one of the finalists, I understand that the video of my child's competition speech may be posted online or used to promote the contest in subsequent years. I understand, I will need to sign an AFFIDAVIT OF ELIGIBILITY AND LIABILITY RELEASE, prior to my child's participation in the competition.

We, as parents/guardians, commit to following through with the applicant's appearance and presentation at this Speech Trek event. Should unforeseen events occur to prevent participation, **we will notify the contact identified in this packet, as soon as possible, if participation is not possible.**

Parent/Guardian Signature: _____ **Date:** _____