



2017 HIGH SCHOOL COMPETITION REGISTRATION FORM

November 4, 2017, 9:00am – 1:00pm, at the eFactory, 405 N. Jefferson, Springfield, MO

High School Name: _____ City: _____ State: _____

Teacher/Contact Name: _____ Phone: (____) _____

Teacher/Contact Email: _____

Number of Teams Participating (Maximum 3 students per team): _____

Please provide the first and last name of each student participating¹:

TEAM 1	TEAM 2
1.	1.
2.	2.
3.	3.

TEAM 3	TEAM 4
1.	1.
2.	2.
3.	3.

Number of Students Participating: _____ * \$10 per student = _____ **Total Amount Due**

Mail registration form and check payable to Mid-America Technology Alliance with the memo "Hack 4 Good SGF" to:

**Mid-America Technology Alliance
2604 E. Keystone Drive
Republic, MO 65738**

For more information, please contact Sherry Coker at 417.343.3017 or sherry@matasgf.com

¹ Team members may switch around up until the day of the event. Please list additional teams on the back of this form.



HACK 4 GOOD SPRINGFIELD PHOTO RELEASE FORM

I hereby grant Hack 4 Good Springfield permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of Hack 4 Good Springfield and will not be returned.

I hereby irrevocably authorize Hack 4 Good Springfield to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge Hack 4 Good Springfield from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Print Name: _____

Signature: _____ | Date: __ / __ / ____

If under 18, both parents must sign individually and as parent/guardian.

Parent Signature: _____ | Date: __ / __ / ____

Parent Signature: _____ | Date: __ / __ / ____