

2025 RELEASE FORM – POSTER CONTEST

****This form must be securely fastened to the back of the poster****

Student's Name _____

Student's Home Address _____

City _____ State _____ Zip Code _____

Grade _____

Telephone Number (_____) _____

Student Email _____

Parent/Guardian Email _____

Teacher/Contact _____

School/Organization _____

School/Organization Address _____

City _____ State _____ Zip Code _____

Telephone Number (_____) _____

Teacher/Contact Email _____

I hereby certify that this poster was created entirely by the student above and is the student's original artwork and there are no copyrighted characters used. I agree that it may be offered for public display or publication at some time during or after the contest. I understand that this poster becomes the property of the Pennsylvania Society for Biomedical Research (PSBR) and may be reproduced. The only information that may be released is the student's name, school, or grade.

Signature of Student

Signature of Parent/Guardian or Sponsor/Teacher

Print Name

Print Name

Date

Date