





# Fair

## Massachusetts State Science & Engineering Fair, Inc. (MSSEF)

### RELEASE

For good and valuable consideration, receipt of which I hereby acknowledge I, \_\_\_\_\_, grant Massachusetts State Science and Engineering Fair, Inc. ("MSSEF"), its parents, affiliates, subsidiaries, assigns, licensees, and designees, the irrevocable right to use my name, picture, likeness and/or photograph, and biographical information, and entry materials (including my essay) and materials related to my project (collectively the "Materials"), in all forms and media now known or hereafter developed, and in all manners, including composite representations, for advertising, marketing, trade, editorial, and any other purposes whatsoever. I waive any right to inspect or approve any uses that may be created in connection therewith, or the use to which the Materials may be applied. I/we agree that any photographs, negatives, recordings, and other original works created by MSSEF hereunder shall constitute MSSEF's sole property, with full right of disposition in any manner whatsoever. I release, discharge, and agree to hold harmless MSSEF, its affiliates, subsidiaries, assigns, licensees, and designees, and all persons acting under its permission or authority, from any and all claims whatsoever in connection with the use of the Materials. I have read this Release and am fully familiar with its contents.

AGREED:

Signed: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Please sign and send the completed form to:

Massachusetts State Science & Engineering Fair, Inc.  
 955 Massachusetts Avenue, #350  
 Cambridge, MA 02139

A scanned signed copy may also be emailed to: [info@scifair.com](mailto:info@scifair.com)

### CONSENT (If Interviewee is under 18 years of age)

I am the parent and guardian of the minor named above and have the legal authority to execute the above release. I approve this Release.

Signed: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ MA Zip: \_\_\_\_\_

# 2010 Massachusetts State High School Science & Engineering Fair Student Checklist (1A) - Individual

Every student must fill out this entire form before beginning project experimentation.

READ INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING FORMS 1A, RESEARCH PLAN, 1B, AND 1

Contact the MSSEF Scientific Review Committee (SRC) by e-mail at [src@scifair.com](mailto:src@scifair.com)

Project year includes research conducted over a maximum, continuous 12-month period between January 2009 and April 2010.

PLEASE PRINT OR TYPE

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Gender:  M  F

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

School \_\_\_\_\_ School Telephone \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Teacher/Adult Sponsor Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Project Title \_\_\_\_\_

1. Is this a continuation from a previous year? (Check one)  YES  NO Grades entered in MSSEF: 6 7 8 9 10 11

If Yes:

a) Attach previous year(s)  Abstract  Form 1A and  Research Plan

b) Explain how this project is new and different from previous years on  Continuation Form (7)

2. This year's laboratory experiment/data collection will begin: (must be stated mm/dd/yy)

Projected Start Date: \_\_\_\_\_ Projected End Date: \_\_\_\_\_

ACTUAL Start Date: \_\_\_\_\_ ACTUAL End Date: \_\_\_\_\_

3. Where will you conduct your experimentation? (Check all that apply)

Research Institution  School  Field  Home  Other \_\_\_\_\_

4. List name, address, and phone number of all non-school work site(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

5. Complete a Research Plan and attach to this form.

## REFER TO CONSENT FORM CHECKLIST ON THE WEBSITE ([www.scifair.com](http://www.scifair.com)) FOR ADDITIONAL FORMS FOR RESTRICTED AREAS BELOW.

The following areas of study require approval from either the MSSEF or a Regional Scientific Review Committee (SRC) before experimentation begins. Refer to the MSSEF Manual for their definition. A qualified scientist and/or designated supervisor must be named and appropriate forms filled out (Forms 2/3). Check all items to be used in your research.

### Hazardous Chemicals, Activities or Devices Form 1, 3 [1C, 2, if required]

- Carcinogenic or Mutagenic Chemicals
- Nuclear Radiation or Radioactive Substances
- Highly Toxic or Explosive Chemicals (check MSDS)
- High Voltage Equipment
- Ionizing Radiation
- Welding Equipment
- Lasers (Class II-IV)
- Firearms
- Controlled Substances (DEA chemicals, prescription drugs, alcohol, tobacco, etc.)

### Research Performed in an Industrial/Institutional Setting Form 1, 1C, 2 or 3 [6A, 6B, if required]

The following areas of study require approval from either the MSSEF or a Regional Scientific Review Committee (SRC) before experimentation begins, and also require that you attach the appropriate Consent Forms to the Student Checklist (1A) & Research Plan. Check all items to be used in the research.

### Potentially Hazardous Biological Agents

Form 1, 2, 6A [1C, 3, 6B if required]

### Vertebrate Animals

Form 1, 2, 5A or 5B [1C, 3, if required]

### Human/Animal Tissue

Form 1, 2, 6B [1C, 3, 6A if required]

### Human Subjects (including surveys & studies)

An Institutional Review Board (IRB) should review all protocols before forms are sent to the SRC.

Form 1, 2, 4 [1C, 3, if required]

All bacteria, fungi, etc. isolated from the environment should be considered potentially hazardous biological agents.

Submit a copy of completed form(s) to the SRC Committee for approval before experimentation begins.

I have read the material in these boxes **AND**:  my research does **NOT** involve any of the above.

my research involves one or more of the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_