

# Odyssey of the Mind Permission Slip

I give my son/daughter \_\_\_\_\_ permission to participate in Pittsford's Odyssey of the Mind program.

**I understand that the fee is \$25.00 per team member.**

Checks should be made payable to "Pittsford Central School District".

## **Photo / Video Release**

I hereby grant permission to Pittsford Central School District and related media outlets, including Odyssey of the Mind, to use a photograph, video and/or video interview of my child named above for publication or broadcast as it relates to the Odyssey of the Mind Program.

Parent Signature \_\_\_\_\_