2014 Regional Competitions
School Participation Form

*Please make a copy of the completed forms for your records. If your team advances to the NOSB Finals, please resend these forms to the National office.*

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**Coach Media Consent**

I ____________________________ hereby authorize and give full consent for (Full Name) the Consortium for Ocean Leadership and any of its affiliated programs to interview, photograph, and/or use my name and affiliation in written materials about the program. Ocean Leadership may copyright or publish photographs taken and/or statements made by the above signed, both written and verbal. I further agree that Ocean Leadership, or any of its affiliated programs with their permission, may use or cause to be used these statements and/or photographs for any or all exhibitions, public displays, publications and any other promotional venues, without limitation, reservation or compensation.

I understand that any final editing of any interview/photography/written materials done by the news media is not within the control of Ocean Leadership, and Ocean Leadership does not have responsibility for the story that appears on radio/television/newspaper/internet. Written materials, photographs, or video files created by or submitted to Ocean Leadership become the property of this organization and will not be returned to the author/owner/talent.

______________________________
Coach’s Signature

______________________________
Date

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**NOSB Travel Policy**

* Please note that due to the budget cuts the NOSB program is facing during the 2013/2014 competition year, teams that win their regional competitions may need to raise their own funds to travel to the National Finals Competition.

In the event that Ocean Leadership, depending on available funds, provides financial travel support to teams attending Finals, I agree that the NOSB team at my school, ____________________________, will adhere to the travel policies that will be provided to the team members at such time.

______________________________
Coach’s Signature

______________________________
Date

______________________________
Principal’s Signature

______________________________
Date