**DECLARATION OF INDEPENDENCE**

**YOUR TEAM MUST BRING TWO COPIES OF THIS FORM TO EACH TOURNAMENT .**

## School/Organization Name & Team Name:

Team Number: Level: EL ML SL UL

Team Challenge:

Please print and sign names of all team members participating in today’s Presentation . Team members who contributed to the solution but who are unable to attend today’s Presentation should also be listed . (Their signatures are not necessary .) Please note the reason for their absence on the signature line .

1 . Name: Grade/Birthday: Signature: 2 . Name: Grade/Birthday: Signature: 3 . Name: Grade/Birthday: Signature: 4 . Name: Grade/Birthday: Signature: 5 . Name: Grade/Birthday: Signature: 6 . Name: Grade/Birthday: Signature: 7 . Name: Grade/Birthday: Signature: 8 . Name: Grade/Birthday: Signature:

**Please circle True or False for each statement below. If you answered False to any statement, please explain in the space provided**

**below. A deduction may need to be assessed in order to be fair to teams that did not receive help.**

|  |  |  |
| --- | --- | --- |
| TRUE | FALSE | We understand the rules of Interference . |
| TRUE | FALSE | The research, ideas and solutions for our Team Challenge Presentation are those of ONLY the team members signed or listed above . |
| TRUE | FALSE | All team members who worked on our Team Challenge solution are listed above . |
| TRUE | FALSE | Please do not circle until you arrive at Instant Challenge . We do not know anything about the Instant Challenge we will be given at the tournament . |

To the best of my/our knowledge, the above statements are true . In addition, I/we certify that all elements of this team’s solution, including chemicals, will be handled and used safely and not cause harm to individuals or the facility .

Team Manager Name (printed) (signature) Date

Team Manager Name (printed) (signature) Date

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