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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