

MEDIA & LIABILITY RELEASE

NOTE: THIS IS A TWO PAGE FORM AND IS REQUIRED FROM ALL STUDENT PARTICIPANTS. FOR TEAM PROJECTS, EACH TEAM MEMBER MUST COMPLETE THEIR OWN FORM.

2 Central New Mexico
0 STEM Research Challenge



ONLINE REGISTRATION, PAPERWORK,
& ENTRY FEE DEADLINE:

February 9, 2026

NAME OF EXHIBITOR

BRIEF TITLE OF PROJECT (for confirmation of identification...limited to 100 characters including spaces and symbols)

The student, sponsoring teacher, and parent/guardian hereby agree that they accept the following conditions:

- 1) Student will abide by **ALL** fair rules and procedures (regional, state, and Intel ISEF) or risk disqualification.
- 2) The teacher will sponsor the student and assume responsibility for compliance with existing Intel ISEF rules for the current year.
- 3) The teacher will conduct a safety review of the project.
- 4) **Research Ethics & Integrity – Per the 2026 ISEF rules:** “Honesty, objectivity, and avoidance of conflicts of interest are expected during every phase of the project. The project should reflect independent research done by the student(s) and presented in their own words with proper citation, most particularly if artificial intelligence is used. The project may only represent one year of work and must not include fraudulent data, plagiarism or inappropriate use of AI in presenting work that is not their own.” Any student found to have committed fraud, plagiarism or other ethical violation will be disqualified from Research Challenge and ineligible to receive any prizes or advancement to other competitions. Teachers/schools will also be notified of any verified instance of student ethical and/or other rule violations.
- 5) **Decisions of Fair officials are final in the selection of winners.** No student, teacher, or other individual shall be entitled to the contact information of Fair Officials or attempt to contact any Fair officials concerning selection of winners. The term “Fair officials” includes but is not limited to all judges involved in the selection of winners.
- 6) Any opinions expressed by judges and/or award donors are solely those of that individual/organization and do not represent the opinions of the UNM STEM-H Center, its employees, or the University of New Mexico.
- 7) Student name, photo, and virtual Project Board will be displayed in the Virtual Project Showcase, a semi-public online setting. Proprietary information or data **SHOULD NOT** be displayed on the board and students should be sure to properly cite sources of information or data that are not otherwise credited to the student researcher(s). **ONLY** the project board, student name, and photo will be made available for public viewing. Research papers, project forms, and other personal information will not be accessible to the public.
- 8) In consideration of being permitted to participate in the Program, parent/guardian agrees to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of child's participation in the designated activity. Parent also releases, waives, holds harmless, and discharges UNM, its Board of Regents, its officers, employees or agents, from any and all claims, damages, and injuries arising out of Program activities, including the use of equipment and facilities provided by UNM.
- 9) **Appropriate student information** (including name, photos, videos, or likenesses) **may be used for public purposes** such as for **advertising or publicity**. *Research Challenge is a prestigious event and your presence there is newsworthy. The STEM-H Center as well as organizations and businesses sponsoring awards may want to publicize their involvement by using photographs/information about you. Your cooperation will help make it possible for other promising young students to get involved in research.*

☐ Check **only** if you **DO NOT** want the student participant's image (photo or video) published.

Teacher Signature

Teacher Printed Name

Date

Student Signature

Student Printed Name

Date

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

ALL FORMS (INCLUDING THIS ONE) MUST BE UPLOADED AS PART OF ONLINE REGISTRATION.

<https://cnmserc.zfairs.com/>

**MINOR PARTICIPANT
EMERGENCY CONTACT AND MEDICAL RELEASE FORM**

Name of Minor Participant: _____ **Date of Birth:** _____

Name of Parent or Legal Guardian: _____

Address: _____
Street Address City State Zip

Home phone: _____ **Business Phone:** _____ **Cell Phone:** _____

Emergency Contacts/Authorized Pick-Ups: (required)

Please list other possible individuals who may be contacted in case of emergency if you are not available, and whether or not they are authorized to pick up the minor. Please note, any person not listed below WILL NOT be permitted to pick up the minor without written permission from a parent or legal guardian.

Name	Phone	Pick-Up?	Relationship to Minor
1.		YES / NO	
2.		YES / NO	
3.		YES / NO	

Medical Conditions/Allergies: (required)

If the minor has any condition that may require special treatment it is imperative that a medical provider is alerted. Please indicate below any on-going medical or emotional problems that may require special attention (e.g., epilepsy, allergies, asthma, disability, anxiety, depression, etc.) including medications currently taken. Use reverse side if necessary.

Medical Condition(s):	Medication/Dosage:	With Minor?
		YES / NO
		YES / NO
		YES / NO
Allergies:	Describe reaction:	Severity?
		LOW/MED/HIGH
		LOW/MED/HIGH

Primary Care Physician's Name: _____ **Phone:** _____

Health Insurance Company Name: _____ **Policy Number:** _____

I verify that all the information provided is correct and complete. I realize that participation involves an inherent potential risk. In the event of an emergency, I authorize the University of New Mexico ("UNM") and its agents or representatives to make arrangements as reasonably necessary to ensure my child's welfare. In the event of an emergency, permission is granted to UNM to authorize emergency transportation, emergency medical care and/or treatments and hospital care for the minor. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature of Parent/Legal Guardian

Print Parent/Legal Guardian Name

Date