



New Jersey Chemistry Olympics 2025

Due May 1, 2025

Please mail the form and a copy of the school's certificate of insurance to the following address:

John Krane
NJ Chemistry Olympics
New Jersey Institute of Technology
Tiernan Hall Room 151
University Heights
Newark, NJ 07102

Safety Contract & Photo Release Form

Safety is of prime concern whenever working with chemicals and other hazards in a laboratory. Prior to having students conduct scientific research and/or experiments involving chemicals, it is of particular importance that teachers review with them all safety concerns and possible outcomes of these experiments. SDS sheets for all chemicals must be reviewed with students prior to any handling of these substances. Laboratory safety rules as well as the [Minimum Safety Guidelines](#) set forth by the American Chemical Society must be reviewed and discussed with students in detail prior to signing this form.

We the undersigned have reviewed all safety guidelines with our teacher/coach, including those listed above, and promise to conduct ourselves in a safe manner during the New Jersey Chemistry Olympics.

Furthermore, we the undersigned hereby irrevocably grant to New Jersey Institute of Technology the absolute right and permission to copyright and/or publish or take or use our name, voice or photographic portraits or pictures, or in which we may be included in whole or in part, or in composite form in conjunction with our name and other identifying information, or reproductions thereof in color or otherwise, made through any media for art, print, web, advertising, film, telecast or any other lawful purpose whatsoever. We also grant New Jersey Institute of Technology the same right and permission to use written or verbal statements or testimonials made by us. Each coach assumes responsibility for compliance with the above on the part of the students and their parents.

SCHOOL _____ TEAM NAME _____ DATE _____

| Printed Name of Coach | Signature |
|-----------------------|-----------|
| | |
| | |

| Printed Name of Student Participant | Signature |
|-------------------------------------|-----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

For any questions or concerns, please email krane@njit.edu