



# 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: \_\_\_\_\_

**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.**

<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE	We understand the rules of Interference.
<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE	The research, ideas and solutions for our Team Challenge Presentation are those of ONLY the team members signed or listed above.
<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE	All team members who worked on our Team Challenge solution are listed above.
<input type="checkbox"/> TRUE <input type="checkbox"/> 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