



IMAGINATION
CELEBRATION

Student
Program

Invention
Disclosure
Form

Title of Invention

Name of Inventor

Phone

School

Teacher

Date of Invention

County

Grade

Problem

Solution

(over)

Send Completed Disclosure Forms to:

Attn: Deborah Massey
Rochester Museum & Science Center
657 East Avenue
Rochester, New York 14607
(585)271-4320 x521 deborah_massey@rmsc.org

Diagram



To the best of my knowledge, I am the first and sole invention of the invention described herein.

Student Inventor's Signature: _____

I understand that my child's invention is not legally protected by this disclosure and that, if such protection is desired in the U.S., a patent application must be submitted to the United States Patent and Trademark Office (PTO, www.uspto.gov) within one year of the date that the invention is/was publicly disclosed. Within this one year period, I will seek the aid of an attorney or agent registered to practice before the PTO if I decide to pursue legal protection of the invention. I also agree to hold the Rochester Intellectual Property Law Association (RIPLA, www.ripla.org), its members, and the Imagination Celebration/Invention Convention (IC) Committee harmless from any action resulting in loss of invention rights due to disclosure of the invention as part of the above identified program. RIPLA and the IC Committee may use my child's invention, name, and photograph to publicize this program.

Parent/Guardian Signature: _____ Date: _____