



2018 K-12 STUDENT ART CONTEST ENTRY AND RELEASE FORM

STUDENT'S NAME: _____ GRADE: _____
(PLEASE PRINT ALL INFORMATION)

NAME OF PARENT OR GUARDIAN: _____

PARENT'S EMAIL _____ STUDENT'S EMAIL: _____

HOME ADDRESS: _____

CITY/TOWN: _____ STATE: **TN** ZIP: _____

PHONE CONTACT: HOME: _____ CELL: _____ WORK: _____

SCHOOL NAME: _____

SCHOOL ADDRESS & ZIP: _____

SCHOOL'S PHONE: _____ FAX: _____

ART/SCIENCE/HOME SCHOOL TEACHER'S NAME: _____

ART/SCIENCE/HOME SCHOOL TEACHER'S E-MAIL: _____

ART/SCIENCE/HOME SCHOOL TEACHER'S PHONE NUMBERS:

HOME: _____ WORK: _____ CELL: _____

TITLE OF ENTRY: _____

Originality Certification

I hereby certify that, to the best of my knowledge, the entry described above is an original work by the student named above and contains no copyrighted material.

Teacher's or Home School Teacher's Signature

Date

Release Form

I hereby certify that by submitting the entry described above into MLGW's Blue Flame Awareness Art Contest that MLGW has permission to use this work in their promotional materials.

I grant MLGW, the right to take photographs of me and my child in connection with the art contest and use and publish the same in print and/or electronically. I agree that MLGW may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content

Parent's Signature

Date