

RELEASE FORM

This form must be securely fastened to the back of each poster

Student's Name _____

Grade Level: _____ Student's Age: _____

School Name: _____

Teacher: _____

Teacher's Email: _____

Parent/Student Address _____

Parent/Guardian Email: _____

Parent/Guardian Phone # _____

(Parent/guardian information used only to notify winners)

I hereby certify that this poster was created entirely by the student above, is the student's original artwork and there are no copyrighted characters used. I agree that it may be offered for public display or publication at some time during or after the contest. I understand that this poster becomes the property of the Countryside Fire District and may be reproduced. The only information that may be released and/or displayed is your child's first name, grade, age, school name, and/or town.

Signature of Student

Signature of Parent(s) or Guardian

Print Name

Print Name

Date

Date

